EFFECTIVENESS OF TRAINING PACKAGE ON KNOWLEDGE AND ATTITUDE REGARDING CONDUCT DISORDER OF CHILDREN AMONG SCHOOL TEACHERS AT SELECTED SETTINGS VILLUPURAM, 2015

DISSERTATION SUBMITTED TO

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

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Internal Examiner:

External Examiner:

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LIST OF ABBREVIATIONS

ADHD	-	Attention Deficit Hyperactivity Disorder
ANOVA	-	Analysis of Variance
APA	-	American Psychiatric Association
BRC	-	Block Resource Centre
CD	-	Conduct Disorder
CINHAL	-	Cumulative Index to Nursing and Allied Health
DALY	-	Disability Adjusted Life Years
DBD	-	Disruptive Behaviour Disorders
GBD	-	Global Burden of Disease
ICCR	-	International Centre for Collaborative Research
MEDLINE	-	Medical Literature Analysis and Retrieval System Online
NICE	-	National Institute for Health and Clinical Science
SAMHSA	-	The Substance Abuse and Mental Health Service Administration
SD	-	Standard Deviation
US	-	United States
YLD	-	Years Lived with Disability

LIST OF SYMBOLS

=	-	Equals To
<	-	Less than
>	-	More than
%	-	Percentage
-	-	Minus
F	-	ANOVA
p	-	Significance
N	-	Total number of samples

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Effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings.

ABSTRACT:

Aim and objectives: To assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers. **Methodology:** A quasi experimental non – equivalent control group design was chosen to assess the effectiveness of training package using structured knowledge questionnaire and attitude scale devised by the investigator among 60 school teachers at selected schools, Villupuram. The samples were selected by non probability convenient sampling. **Results:** The findings of the study showed that in experimental group, the post test mean score of knowledge was 20.03 with S.D of 2.18 and post test attitude was 60.26 with S.D of 5.36. Whereas in control group the post test mean score of knowledge was 10.90 with S.D of 3.88 and post test attitude was 46.36 with S.D of 7.97. The calculated 't' value for knowledge was 11.209 and for attitude was 7.921, which indicated that there was high statistical significant difference in post test level of knowledge and attitude between experimental and control group at $p<0.001$ level. **Conclusion:** The study concluded that there was a significant improvement in the level of knowledge and attitude regarding conduct disorder of children among school teachers after administering training package in the experimental group.

Key words: *Training package, knowledge, attitude, conduct disorder of children, school teachers.*

INTRODUCTION

Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, where an individual transitions from dependency to increasing autonomy.

Conduct disorder is more prevalent among school going children, which is seen more common in boys than in girls. In this 21st century, where both parents are in job face a jeopardy of managing time between work and child upbringing. This situation has led to lapse in time spent by the parents with their kids which has led to the increase in conduct disorder. Students, who suffer from emotional and behavioural disorders very

often find difficulty in controlling their behaviour and to work as productive members of a classroom.

The school environment plays a major role in a child's behavioural development. Children spend around 8 hours in school and interact with teachers and peers. Hence teachers have a pivotal role in promoting good behaviour among children and also are responsible for early identification of conduct disorder among children and should have capacity to handle the same.

The present research focuses on the need for training the teachers regarding

- conduct disorder
- screening tool to identify conduct disorder and
- preventive aspects of conduct disorder

Objective

- To assess the effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group.

Null Hypothesis

NH_1: There is no significant difference between the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group at $p<0.05$ level.

METHODOLOGY

A quasi experimental non-equivalent control group design was adopted for this study. The independent variable was training package and dependent variable was level of knowledge and attitude regarding conduct disorder of children. The study samples consisted of 60 school teachers handling children in the age group of 11 - 17 years, who fulfilled the inclusion and exclusion criteria. The samples were selected through non-probability convenient sampling technique. The tool used for this study was structured knowledge questionnaire consisting of 25 item closed ended multiple choice questions and attitude scale which was a 5 point likert's scale with 15 items (7 positive and 8

negative statements) devised by the investigator. The score for positive items were strongly agree – 5, agree – 4, uncertain – 3, disagree – 2 and strongly disagree – 1. The negative items were scored reversely. Both descriptive and inferential statistics were used for data analysis.

The school teachers were seated comfortably in a well ventilated room as a group. Each group consisted of 10 members. Groups were taught on each component of training package like lecture cum discussion, video show, demonstration and pamphlet for reinforcement. Intervention sessions was lasted about 60 minutes in a day. The control group was allowed to follow the regular activities. After the post test, the wait list control group was taught about the training package.

RESULTS AND DISCUSSION

The study revealed that in the experimental group, the pre test mean score of knowledge was 10.50 with S.D of 3.45 and attitude score was 43.0 with S.D of 6.56. The post test mean score of knowledge was 20.03 with S.D of 2.18 and attitude score was 60.26 with S.D of 5.36. The calculated paired 't' value for knowledge was 15.307 and for attitude was 11.457, which was greater than the table value. Whereas in control group the pre test mean score of knowledge was 10.86 with S.D of 3.87 and attitude score was 46.10 with S.D of 8.22. The post test mean score of knowledge was 10.90 with S.D of 3.88 and attitude score was 46.36 with S.D of 7.97. This indicates that there was high level of significant difference in the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental group at $p<0.001$ level.

The findings of the study showed that in experimental group, the post test mean score of knowledge was 20.03 with S.D of 2.18 and post test attitude was 60.26 with S.D of 5.36. Whereas in control group the post test mean score of knowledge was 10.90 with S.D of 3.88 and post test attitude was 46.36 with S.D of 7.97. The calculated 't' value for knowledge was 11.209 and for attitude was 7.921, which indicated that there was high statistical significant difference in post test level of knowledge and attitude between experimental and control group at $p<0.001$ level.

The study findings were correlated and the results revealed that the post test mean value of knowledge was 20.03 with S.D of 2.18 and the post test mean value of attitude was 60.26 with S.D of 5.36. The calculated Karl Pearson's Correlation Coefficient value was r = 0.766 shows a positive correlation and was found to be statistically significant at $p<0.01$ level.

The association of study was done using one way analysis of variance (ANOVA). In experimental group the findings showed that the demographic variables such as years of experience and classes handling level had shown statistically significant association with their pre and post test mean score of knowledge regarding conduct disorder of children among school teachers at $p<0.05$ level. The demographic variable marital status had shown statistically significant association with their post test mean score of attitude regarding conduct disorder of children among school teachers at $p<0.05$ level. Whereas in control group none of the demographic variables had shown statistically significant association with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers.

There was a significant improvement in the level of knowledge and attitude regarding conduct disorder of children after administering the training package in the experimental group. Thus training package was an effective intervention in improving the level of knowledge and attitude regarding conduct disorder of children among school teachers.

CONCLUSION

The present study aimed at assessing the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers and the findings of the study showed that the calculated unpaired 't' test value for knowledge was 11.209 and for attitude was 7.921 which indicated that training package was an effective intervention to improve the level of knowledge and attitude regarding conduct disorder of children among school teachers.

IMPLICATIONS

The Community mental health nurse can use the training package for teachers in order to detect conduct disorder of children. Nurse educator can organize child

psychiatric clinic in schools for creating awareness regarding conduct disorder of children. Nurse administrators can recommend the chief educational officer to organize training programme regarding conduct disorder of children among school teachers. The nurse researcher should communicate these findings to the parents to identify the behavioural changes among the children.

CHAPTER – 1

INTRODUCTION

INTRODUCTION

Child development refers to the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence, where an individual transitions from dependency to increasing autonomy.

Adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 years. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth. Biological processes drive many aspects of this growth and development, with the onset of puberty marking the passage from childhood to adolescence. This period has seen many changes over the past century namely the earlier onset of puberty, later age of marriage, urbanization, global communication, and changing sexual attitudes and behaviours.

Mental disorders in children are very tricky to be identified early by health care providers. Children differ from adults and experience many physical, mental, and emotional changes as they progress through their natural growth and development. They also are in the process of learning how to cope with, adapt, and relate to others and the world around them. There are several different types of mental disorders that can affect children and adolescents including anxiety disorder, attention – deficit hyperactivity disorder (ADHD), disruptive behaviour disorder, pervasive development disorders, eating disorder, elimination disorder, affective disorder, learning and communication disorder and tic disorder.

An emotional and behavioural disorder is an emotional disability characterized by an inability to learn and maintain satisfactory interpersonal relationships, inappropriate type of behaviour, depressed or unhappy mood, pains or unreasonable fears associated with personal or school problems. Behavioural disorder is also known as disruptive behavioural disorder which includes ADHD, conduct disorder and oppositional defiant disorder.

Conduct Disorder (CD) is defined as a “psychological disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate norms are violated. These behaviours are often referred to as "antisocial behaviours." It is often seen as the precursor to antisocial personality disorder, which is not diagnosed until the individual is 18 years old”. **American Psychiatric Association (APA) 2013**

Children with conduct disorder are often judged as ‘bad kids’ because of their delinquent behaviour and refusal to accept rules. Many children face pressures at earlier ages by substance use, initiating sexual relationships and putting themselves at high risk for intentional and unintentional injuries and unintended pregnancies. They also subjected to have adjustment and mental health problems. These behavioural alterations have a long-lasting positive and negative effect on future health and well-being. Children are not fully capable of understanding complex concepts, or the relationship between behaviour and consequences.

Conduct disorder is more prevalent among school going children, which is seen more common in boys than in girls. In this 21st century, where both parents are in job face a jeopardy of managing time between work and child upbringing. This situation has led to lapse in time spent by the parents with their kids which has led to the increase in conduct disorder. Students, who suffer from emotional and behavioural disorders very often find difficultly in controlling their behaviour and to work as productive members of a classroom.

The school environment plays a major role in a child’s behavioural development. Children spend around 8 hours in school and interact with teachers and peers. The teachers have a pivotal role in promoting good behaviour among children and also are responsible for early identification of conduct disorder among children and should have capacity to handle the same. Hence, the knowledge of teachers regarding emotional and behavioural problem is helpful in identifying and analyzing the problematic behaviour. This can lead to an early referral to health services that can change the behaviour and result in a more productive adaptation for the child.

The present research focuses on the need for training the teachers regarding

- conduct disorder
- screening tool to identify conduct disorder and
- preventive aspects of conduct disorder

1.1 BACKGROUND OF THE STUDY

School children need support from parents and teachers to alleviate their sufferings. There are several risk factors which are likely to develop conduct disorder among children. School dropouts are more because of conduct disorder which leads to impairment in social, academic and cultural functioning. Teachers play a very pivotal role in the development of positive or negative outcome of mental health. Educational institutions have the responsibility to promote adolescent mental health development and adjustment and to intervene effectively when problems arise.

GLOBAL SCENARIO

Global Burden of Disease quantify burden of conduct disorder and reports conduct disorder prevalence by country, region, age and gender. Globally conduct disorder was responsible for 5.75 million YLDs/DALYs (Years Lived with Disability/Disability-Adjusted Life Years). conduct disorder takes the position of 72nd leading contributor and among the 15 leading etiology in children with 5 to 19 years of age. **(GBD, 2010)**

Behavioural health report shows that in U.S (2011) more than 41 million adults (18 percent) had mental disorders and nearly 20 million (8 percent) had substance abuse disorder. In the subsequent year approximately 24% of U.S eight graders and 64% of twelfth graders consumes alcohol. In U.S, 8.5% of children and teens were diagnosed with conduct disorder. **The Substance Abuse and Mental Health Service Administration (SAMHSA, 2012)**

Erskine H.E, Ferrari A.J, Polanczyk G.V, Moffitt T.E, Murrary C.J, Vos T, et.al., (2013) reported epidemiological profile of conduct disorder for the global burden of disease study across 21 world regions. A systematic review of global epidemiology was conducted to derive prevalence rate, a Bayesian metaregression tool

was used. The result showed male prevalence of conduct disorder was 3.6% and female prevalence was 1.5%. The prevalence of conduct disorder remained relatively consistent worldwide.

"Global, regional and national incidence, prevalence and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries were taken for systematic analysis for the global burden of disease study" and it reported that 51.1 million children are affected with conduct disorder. **(GBD, 2013)**

Globally, Prevalence of conduct disorder is more in boys when compared to girls. 7 % of boys and 3% of girls aged 5 to 10 years have conduct disorder and in children aged between 11 to 16 years the proportion increases to 8% of boys and 5% of girls. Conduct disorder always co-exists with some mental problems. 46% of boys and 36% of girls have atleast one co-existing mental health disorders. **National Institute for Health and Clinical Science (NICE, 2013)**

INDIAN SCENARIO

A comparative study was conducted to assess the prevalence of conduct disorder among adolescent boys and girls studying in schools of Indore city. The results revealed that more than 50% of adolescents had conduct disorder and there was no significant difference between boys and girls misconduct behaviour. **(Husain and Sahani, 2011)**

A clinical based study was conducted to analyze the determinants of symptom profile and severity among childhood and adolescent onset conduct disorder in Trivandrum. Results showed that the prevalence of conduct disorder for boys was 88.3% with boy girl ratio was 7.5:1. **(Jayaprakash, Rajamohanan and Anil, 2014)**

A cross-sectional study was conducted to assess the prevalence of conduct disorder in Indore district. Results revealed that the prevalence rate of conduct disorder was 5.48% with 66.67% in males and 33.33% in females. The study concluded that prevalence of CD was very high among primary school children. **(Mishra, Garg and Desai, 2014)**

TAMILNADU

A comparative study to assess the prevalence of mental health problems among school going adolescents between the age group of 13 – 16 years in Chennai corporation schools. Result showed that the most common found mental disorder was conduct disorder (22.6%). The study also concluded that mental health problems are significantly high among children whose both the parents were employed when compared with non working mothers. **(Seenivasan, 2014)**

1.2 SIGNIFICANCE AND NEED FOR THE STUDY

Behavioural problems arise when children are unable to adjust with the environment and the society resulting in behaviours exhibiting in unacceptable way to the society. All children are very naughty, lies and impulsive to some extent which is not said to be as disorder, some children have extreme of this with violating the societal norms.

Children with conduct disorder usually behave against the societal norms, which is not encouraged in our culture. Consequently, they may develop co-morbid mental illness resulting in impairment in their important functioning level. Conduct disorder children are also more likely to develop suicidal ideations and substance abuse.

Children with conduct disorder are difficult to be identified because the behaviour of children are constantly changing. Children exhibits symptoms in the school but unfortunately because of lack of awareness the teachers fail to identify them earlier and refer them for medical help to prevent further complications.

Leary, O. (2013) conducted a cluster randomized trial to assess the teacher delivered personality which targeted cognitive behaviour interventions to reduce conduct disorder symptoms in London. The sample size was 19 school teachers. Two 90 minutes intervention session was led by trained teacher and the result of the intervention significantly reduced the risk of severe conduct disorder symptoms by 21%.

William, B. (2014) conducted a cross-sectional study to reveal the association between ADHD and conduct disorder with tobacco and alcohol abuse among 2517

young adolescents aged 12 to 15 years. The study concluded that ADHD and conduct disorder adolescents are in high risk of addiction to alcohol and tobacco use.

Samek, R. (2015) conducted a prospective study to evaluate the effectiveness of high school sports involvement in reducing antisocial behaviour among conduct disorder children. The sample of 967 male and female adolescents were selected in the study. The study revealed that association between conduct disorder and antisocial personality were significantly diminished among adolescents involved in sports activity.

Bethany, A. (2015) conducted an experimental study to assess family environment as a moderator of the association between conduct disorder and suicidality. Data's were collected from 185 psychiatrically hospitalized adolescents and their parents. Tools used in the study were schedule for affective disorders and schizophrenia for school aged children (K-SADS-PL), the survey of children social support scale – short version and conflict behaviour questionnaires. Results showed that family support had moderate the association between conduct disorder and suicidal attempts and also recommend the clinicians to involve the family member in the treatment process in order to prevent suicidal attempts.

Regular screening in schools helps to detect conduct disorder in their early stages, where treatment is more likely to be successful and complete cure will be possible. School based intervention, play an important role in the prevention of conduct disorder. Additionally family involvement and support can increase the chance of prevention of distress and promotion of psychological well-being among children which had been proved in the above mentioned studies.

Students spend most of their time with the teachers and hence teachers are aware of each children unique behaviour. Diagnosing conduct disorder is difficult task during a single observation. Children need to be observed over a period of 6 months or 1 year to confirm the diagnosis. Teachers are the only personnel who are observing the children for a period of one year. So the investigator decided that school teachers are the right persons to detect conduct disorder and report to mental health team members at an early stage.

During the undergraduate and postgraduate programme, the investigator had an opportunity to observe many children with emotional and behavioural disorder which indirectly affects the psychological well-being of parents. Hence the investigator felt the need to empower the teacher's knowledge and attitude regarding conduct disorder of children.

1.3 STATEMENT OF THE PROBLEM

A quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram.

1.4 OBJECTIVES

1. To assess and compare the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.
2. To assess the effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group.
3. To correlate the post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group.
4. To associate the selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.

1.5 OPERATIONAL DEFINITIONS

1.5.1 Effectiveness

Refers to the outcome of training package on knowledge and attitude regarding conduct disorder of children gained by school teachers which was evaluated by using structured knowledge questionnaire and attitude scale devised by the investigator within the time gap of 7 days.

1.5.2 Training Package

A group teaching programme devised by the investigator for school teachers which includes lecture cum discussion, video show, demonstration and pamphlet.

- **Lecture cum discussion**: Includes meaning of conduct disorder, its prevalence, etiology, types, risk factors, co-morbid mental illness, signs and symptoms, complications, differentiating conduct disorder between boys and girls, treatment and preventive aspects for a period of 30 minutes using power point presentation to the group of 10 members.

- **Video show**: On signs and symptoms regarding conduct disorder of children for a period of 8 minutes.

- **Demonstration**
    1. Video assisted thought field therapy: Refers to a technique which has an influence on body's bio-energy field by tapping with fingers on specific point (under eye, under arm 4 inches below armpit, collar bone spots and gamut spot) on the body to reduce negative emotions was taught to the school teachers for a period of 20 minutes.
    2. Administration of modified conduct disorder screening tool in order to detect conduct disorder in early stages.
- **Pamphlet**: Includes meaning, incidence, risk factors, signs and symptoms and management of conduct disorder for reinforcement.

1.5.3 Knowledge

Refers to the level of information gained by school teachers regarding conduct disorder of children which was evaluated by using structured knowledge questionnaire devised by the investigator.

1.5.4 Attitude

Refers to the perception of school teachers regarding conduct disorder of children which was evaluated by using attitude scale developed by the investigator.

1.5.5 Conduct disorder of children

Children who exhibit symptoms like lying, stealing, poor attendance, fighting with friends, and poor academic performance for a period of 6 to 12 months.

1.5.6 School Teachers

Refers to the person possessing qualification of graduation or post graduation and handling the children in the age group of 11 – 17 years.

1.6 ASSUMPTIONS

1. School teachers may have some level of knowledge and attitude regarding conduct disorder of children.
2. Provision of training package may improve the level of knowledge and develop positive attitude regarding conduct disorder of children among school teachers.

1.7 NULL HYPOTHESES

NH_1: There is no significant difference between the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group at $p<0.05$ level.

NH_2: There is no significant correlation between post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group at $p<0.05$ level.

NH_3: There is no significant association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group at $p<0.05$level.

1.8 DELIMITATIONS

1. The study was delimited to a period of 4 weeks.
2. The study was delimited to the Government higher secondary schools, Villupuram.

1.9 CONCEPTUAL FRAMEWORK

A conceptual framework is comprised of interrelated concepts that explain natural phenomena. The concepts are linked together to express the relationship between them. It is the schematic representation of the steps, activities and outcome of the study.

The conceptual model used for this study is based on J.W.Kenny's Open System Model. The system consists of a set of interacting components, with a boundary that

filters both the kind and rate of exchange with the environment. The system has been defined as “set of components or units interacting with each other within a boundary that filters both the kind and rate of flow of inputs and outputs from the system”. The open system theory concerned with changes due to interaction between the various factors in a situation. The general system theory provides a way to understand many influences on the whole person and the possible input of change of any part of the whole.

This model explains the breaking of whole thing into parts and gaining knowledge about how the parts works together in a system and decision pertinent concept about them as well as making predictions about how these parts of whole will function, behave and react.

INPUT:

Input is defined as any information, energy or material enters into system through its boundary. In this study, the input is the material and information regarding conduct disorder of children. The training package contains information regarding lecture cum discussion, videoshow, demonstration and pamphlet for reinforcement. The investigator assessed the pretest level of knowledge and attitude regarding conduct disorder of children.

THROUGHPUT:

It is the common process by which a system transforms, creates and organizes input, resulting in a reorganization of input. In this study, the investigator administered training package regarding conduct disorder of children to school teachers and also the process wherein the teachers transforms the knowledge received into useful and practical application for day to day practice.

OUTPUT:

It is energy, matter or information given out by the system as a result of its process. In this study it refers to the attainment of adequate level of knowledge and attitude regarding conduct disorder of children. The investigator assessed the post test level of knowledge and attitude regarding conduct disorder of children.

FEEDBACK:

It is the evaluation or response of the system. Feedback may be positive or negative. Positive feedback indicated the attainment of adequate level of knowledge and favorable attitude, negative outcome indicated inadequate level of knowledge and unfavorable attitude, which motivated the investigator for further reinforcement of training package.

The conceptual framework adopted for this study helped the investigator to accomplish the research in an organized manner. In the input process, the researcher collected the information on the demographic variables and the need for administering the training package. In the throughput process, the nurse investigator taught the training package to the experimental group and in the output process, the nurse investigator reassessed the level of knowledge and attitude regarding conduct disorder of children in the experimental and control group. The adequate level of knowledge and favorable attitude showed the positive feedback. The moderately adequate knowledge and need to improve knowledge, moderately favourable attitude and unfavourable attitude showed the negative feedback.

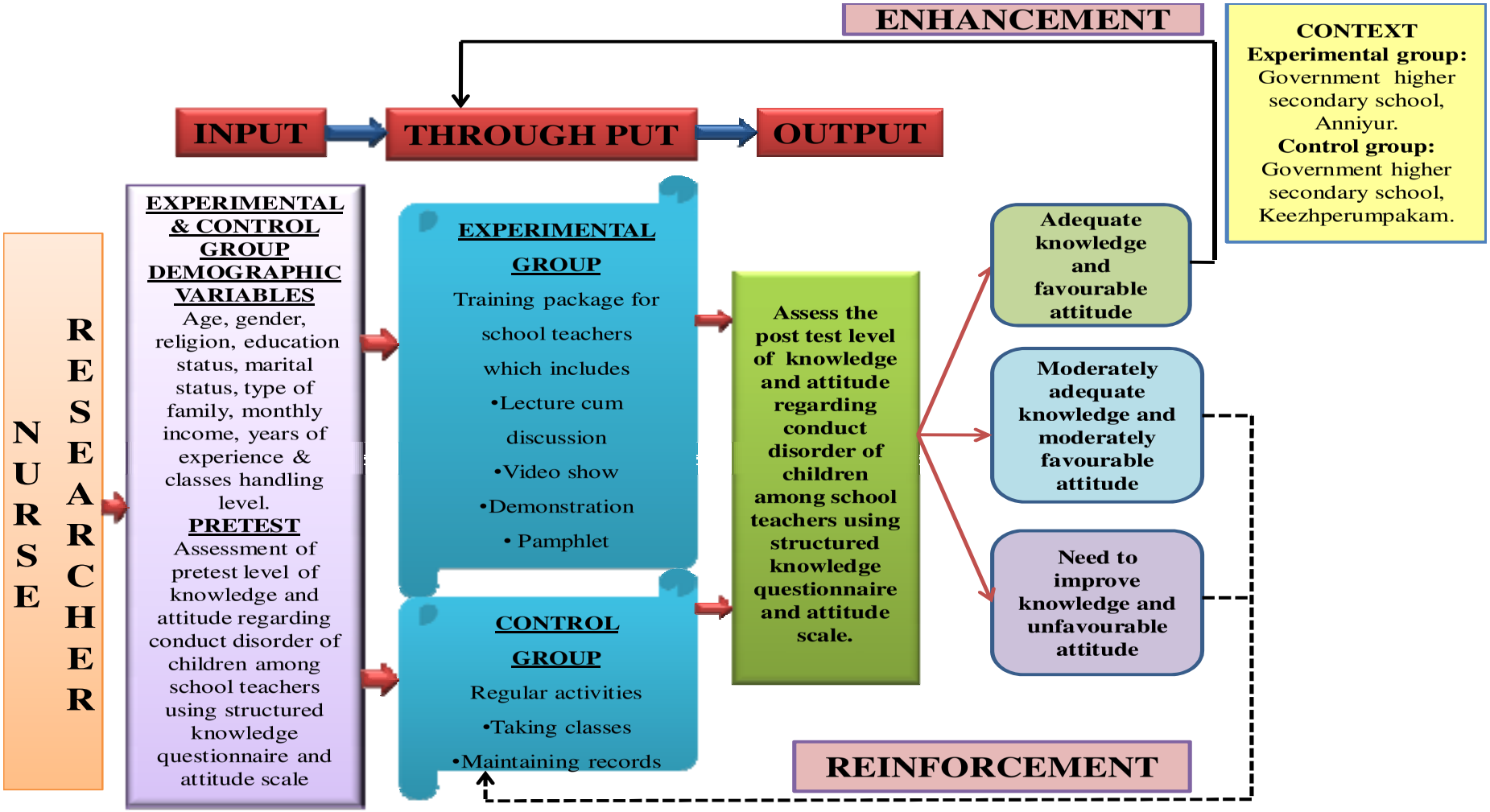


Fig. 1.9.1: CONCEPTUAL FRAMEWORK BASED ON J.W. KENNY'S OPEN SYSTEM MODEL

1.10 OUTLINE OF THE REPORT

CHAPTER 1: Dealt with the background of the study, need for the study, statement of the problem, objectives, operational definitions, null hypotheses, assumptions, delimitations and conceptual framework.

CHAPTER 2: Focuses on review of literature related to present study.

CHAPTER 3: Enumerates the methodology of the study.

CHAPTER 4: Presents the data analysis and data interpretation.

CHAPTER 5: Deals with the discussion of the study.

CHAPTER 6: Gives the summary, conclusion, implications and limitations of the study.

The study reports ends with selected references and appendices.

CHAPTER – 2

REVIEW OF LITERATURE

REVIEW OF LITERATURE

Review of literature is a systematic and logical arrangement of information that is carefully selected from scientific writings. The ultimate purpose of a good review of literature is to find out the best available evidences from various updated sources and organize them scientifically within the framework of current research project. This helped us to support our study statistically.

The review of literature was done using the key words such as conduct disorder, prevalence of conduct disorder, gender differences in conduct disorder, parental factors, risk factors, co-morbid mental illness, teacher's knowledge and attitude, educational package on conduct disorder, other interventions for conduct disorder. This review was searched based on standard databases such as COCHRANE library, CINAHAL, Google Scholar, MEDLINE, PubMed and other unpublished studies from dissertations. Collectively 180 studies were reviewed out of which 75 relevant and updated studies within the duration of 2010 – 2015 were utilized to support the current research topic.

A literature review is the description and analysis of literature relevant to a particular field or topic. It provides a handy guide to a particular topic. It also serves as a number of important functions in the research process and they play a critical role for nurses seeking to develop an evidence based practice.

An extensive review of literature was done by the researcher to lay an evidence based foundation for the study.

SECTION 2.1: SCIENTIFIC REVIEWS RELATED TO CONDUCT DISORDER OF CHILDREN.

- Prevalence of conduct disorder
- Sex differences
- Risk factors
- Parental factors
- Co-morbid illness

SECTION 2.2: SCIENTIFIC REVIEWS RELATED TO INTERVENTIONS FOR CONDUCT DISORDER OF CHILDREN.

- Knowledge and Attitude
- Interventional studies

SECTION 2.1: SCIENTIFIC REVIEWS RELATED TO CONDUCT DISORDER OF CHILDREN.

Prevalence of conduct disorder

Multiple researchers (Najafi, Foladchang, Alizadeh & Mohamadifar, 2010; Azadyeka, 2011) reported the prevalence of behavioural disorder among elementary school children in Iran and revealed that conduct disorder was common among them with the prevalence rate of 10.5%. Whereas Frank & Alikor (2010) reported that the prevalence rate was 15.82% among adolescents in Iran and the researcher also concluded that poor academic performance and other associated co-morbidities impair the quality of life of children.

Murray, Anselmi, Gallo, Bilyk & Bordin (2013) Meta-analysis reported that conduct disorder rates were higher in Brazil than other countries. Ramya & Kulkarni (2011) reported the prevalence of bullying among children was 60.4% in India. Busch, Wijnen, Yperen, Schrijvers, & Leeuw (2013) reported that both bullied boys as well as girls had more conduct problems, less pro-social behaviour and more peer problems. In contrast Abdelrahim & Humaida (2011) reported the prevalence of conduct disorder was low among primary school children in Khartoum.

Indian researchers (Hussain & Sahani, 2011) conducted a comparative study to assess the common behavioural misconduct among school going male and female adolescents and concluded that most of the adolescents have conduct disorder and suffer with more psychosocial misconducts than economical misconducts and also the researcher recommended that social mobilization is needed to take care of this childhood lacunae to ensure flawless future citizens. Malhotra & Patra (2014) reported the prevalence of adolescent psychiatric disorder was more in schools than in community. Jayaprakash, Rajmohan & Anil (2014) reported the prevalence of co-morbid mental illness (ADHD, Oppositional defiant disorder & substance abuse) was more among early onset conduct disorder than late onset conduct disorder.

Sex differences

Multiple studies (Frank et al., 2010; Abdelrahim et al., 2011; Polier, Vloet, Dahlmann, Laurens & Hodgins, 2012; Salchi, Noah, Baba & Jaafar, 2013; Busch et al., 2013) conducted a comparative study and reported that boys are more prevalent for conduct disorder than girls with ratio of 4:1. In contrast Murray et al. (2013) reported that the prevalence was same in both the genders.

Indian researchers Ramya et al. (2011) reported bullying was more common among boys than girls, commonest being calling names and making fun of one's looks. On contrary Hussain et al. (2011) reported that symptoms were same for boys and girls. The economical conduct disorder symptoms like stealing and disobeying was common between boys and girls, mental misconducts like doubtfulness, short temperedness, stubbornness and selfishness are found higher in both sexes. Occurrence of moral delinquent behaviour like disobeying, lying etc and social misconducts were common among both boys and girls. Whereas there was a difference in the psychological misconducts, girls had the symptoms of short temperedness, stubbornness and thinking of suicide and boys had the symptoms of doubtfulness, selfishness and thinking of murder.

Risk factors

Parvaresh, ZIaaddini, Kheradmanal & Bayati, (2010) assessed and reported that frequency of bipolar and drug dependent was higher with conduct disorder than the healthy group and concluded that drug dependence in parents was the leading factors to mental health disorders like conduct disorder and ADHD among children. Trudeau, Mason, Randall, Spoth, & Ralston, (2012) reported ineffective parenting and deviant peer associations have an effect on subsequent young adolescents conduct problems. Multiple studies (Andrade & Tannock, 2013; Powers & Bierman, 2013) showed that the children with increased inattention, hyperactivity, impulsivity, reciprocated friends and peer problems developed conduct disorder. Powers & Bierman (2013) revealed aggressive classroom behaviour and disruptive behaviours had an impact in developing conduct disorder. Researchers (Murray et al., 2013) identified that co-morbid mental health problems(Learning problems, anxiety disorder, ADHD & cannabis use), educational failure, low religiosity, harsh physical punishment and abuse, parental

mental health problem, single parent family and low socioeconomic status were the risk factors for conduct disorder.

Shaw, & Shelleby (2014) found that there was an association between exposure to poverty and disruptive behaviour and framed a model to identify the stressors associated with poverty. Jogdand & Naik (2014) assessed the association between family factor and behavioural problems among children and reported that alcoholism in parents and absence of parents had an impact on behavioural problems in children.

Indian researchers (Bele, Bodhare, Valsangkar, & Saraf, 2012) conducted a epidemiological study in urban slum, Andhra Pradesh and identified male gender, under nutrition, low socioeconomic status, nuclear family, working status of mother, younger age of mother at birth of child, disciplinary method and financial problem at home, alcoholic father, conflicts in family and depression among mother had the risk for developing conduct disorder.

Parental factors

Multiple researchers (Salchi et al., 2013; Freeze, Burke, Vorster, 2014) identified parenting style like low care by mothers and over protection by fathers was an precursor for conduct disorder. Abdelrahim et al. (2011) reported that there was a significant difference in behaviour between pupil whose parents are separated than pupil staying with parents. Charles, Bywater, Edwards, Hutchings & Zou (2012) reported parental depression causes childhood conduct disorder. Multiple researchers (Montague, Cavendish, Enders, Dietz, 2010; Yuml, Ziviani, Baxter, Haynes, 2010; Lee, Webecher, Mihwa, Jeeyon, 2011; Collishaw, Gardner, Maughan, Scott, Pickles, 2012) reported that the increase in conduct problem was due to poor parent child relationship, parental illiteracy and parental conflicts.

Similarly Indian researchers Jayaprakash et al. (2014) reported that family psychopathology had a positive correlation with the severity of conduct disorder.

Co-morbid illness

Multiple researchers (Connor, Steeber, McBurnett, 2010; Abdelrahim et al., 2011: Jayaprakash et al., 2014) identified that mental illness like ADHD and Oppositional deviant disorder was mostly associate with conduct disorder.

In Germany, researchers (Polit, Vloet, Dahlmann, Laurens & Hodgins, 2012) assessed the prevalence of co-morbid internalizing psychopathology in children with conduct problems between clinical and community samples. Study participants of both the groups showed high rate of co-morbid illness along with social problems with peer rejection and antisocial behaviour was also present. Gustafsson, Kerekes, Anckarsater, Lichtenstin, Gillberg, Rastam (2014) reported that child with conduct disorder developed deviant motor and perceptual function and suggested that examination is necessary for all conduct disorder children to reveal motor and perceptual function.

SECTION 2.2: SCIENTIFIC REVIEWS RELATED TO VARIOUS INTERVENTIONS TO PREVENT FROM CONDUCT DISORDER OF CHILDREN

Knowledge and Attitude

Qualitative study by Henningham & Walker (2010) assessed the teacher's knowledge and perceptions regarding usage of proactive strategies. The result showed that teacher's gained knowledge, skill and were empowered with positive attitude and abilities and explicit teaching social skills. The researcher concluded that intervention was very effective and teachers felt that they were able to successfully integrate the strategies into their regular practice. Adhikari, Upadhaya, Gurunga, Luitel, Burkey, Kohitra et al., 2015 assessed the perception of community dwellers at chitwan district, Nepal. The result indicated that community members view the family, community and school environment as being the causes of child behavioural problems with serious impacts upon children's personal growth, family harmony and social cohesion. The strategies followed by parents and teachers to manage the problem were talking, listening, consoling, advising and physical punishment. Researcher concluded that community dwellers perceived children in rural Nepalese have increased behavioural problems and suggests that multilevel community based interventions targeting parents, teachers and community leaders could be a feasible approach to solve the problem.

Interventional studies

Indian researcher Bakkiyalakshmi (2010) reported that structured teaching programme was effective in imparting knowledge among primary school teachers regarding conduct disorder. Arora & Joshi (2015) reported that life skill training through the art of storytelling was effective by improving academic performance and also suggested that life skill training may be imparted as a complementary intervention for improving academic performance of children with conduct disorder.

Samek (2015) conducted a prospective study to evaluate the effectiveness of high school sports involvement in reducing antisocial behaviour among conduct disorder children and revealed that association between conduct disorder and antisocial personality were significantly diminished among adolescents involved in sports activity.

Researchers Henningham, Scott, Jones & Walker (2012) reported that teacher training programme (curriculum planning intervention programme) was a promising approach for improving the emotional climate of preschool classrooms and child behavior in preventing conduct problems and also suggested that school based interventions involving teacher was very useful in preventing conduct disorder and improving child's social and emotional competence.

Summary:

After thorough critical review of literature, researcher found that there was a lack of knowledge and negative attitude regarding conduct disorder of children among school teachers, parents and in the community. The intervening measures taken were not appropriate for the prevention of conduct disorder. Certain studies reports that multidimensional intervention and school based interventional methods should be carried out to reduce the prevalence of conduct disorder. The researcher found that there was a lacunae of Indian studies to analyze the prevalence of conduct disorder. Hence more studies should be carried out in this aspect.

CHAPTER – 3

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

This chapter describes the methodology adopted in this study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram.

This phase of study deals with research approach, research design, variables, setting of the study, population, sample, criteria for sample selection, sample size, sampling technique, development and description of the tool, content validity, reliability of the tool, pilot study, procedure for data collection, and procedure for data analysis.

3.1. RESEARCH APPROACH

The research approach used in this study was quantitative research approach in accordance to the nature of the problem and to accomplish the objectives of the study.

3.2. RESEARCH DESIGN

Quasi experimental non - equivalent control group design was used in this study.

Table 3.2.1: The schematic representation of quasi experimental design

<table>
<tr><th>GROUP</th><th>PRE TEST
(O_1)</th><th>INTERVENTION
(×)</th><th>POST TEST
(O_2)</th></tr>
<tr><td>Experimental group</td><td rowspan="2">Assess the pre test level of knowledge and attitude regarding conduct disorder of children among school teachers using structured knowledge questionnaire and attitude scale devised by the investigator.</td><td>Training package for school teachers which includes
1. Lecture cum discussion on conduct disorder using power point presentation for a period of 30 minutes.
2. Video show on signs and symptoms of conduct disorder for a period of 8 minutes.
3. Demonstration on video assisted thought field therapy and administration of modified conduct disorder screening tool.
4. Pamphlet for reinforcement.</td><td rowspan="2">After 7 days assess the post test level of knowledge and attitude regarding conduct disorder of children among school teachers using structured knowledge questionnaire and attitude scale devised by the investigator.</td></tr>
<tr><td>Control group</td><td>Regular activities like
1. Taking classes
2. Maintaining record</td></tr>
</table>

3.3 VARIABLES

3.3.1 Independent variable

The independent variable of this study was training package regarding conduct disorder of children.

3.3.2 Dependent variable

The dependent variable of the study was knowledge and attitude regarding conduct disorder of children among school teachers.

3.3.3 Extraneous variables

The extraneous variables of this study were age, gender, marital status, education status, years of experience and classes handling level.

3.4 SETTING

The study was conducted in selected schools at Villupuram. The Government higher secondary school, Anniyur comprising of 42 teachers (20 male and 22 female faculty) were selected as experimental group and Government higher secondary school, Keezhperumpakam comprising of 37 teachers (19 male and 18 female faculty) were selected as control group.

3.5 POPULATION

3.5.1 Target population

The target population of the study included the school teachers who were handling children in the age group of 11 -17 years.

3.5.2 Accessible population

The accessible population of the study included all the school teachers who were handling children in the age group of 11-17 years and working in Government higher secondary school, Anniyur and Keezhperumpakam, Villupuram district.

3.6 SAMPLE

The samples for the study were school teachers who fulfilled the sample selection criteria and who were assigned to the experimental and control group.

3.7 SAMPLE SIZE

The sample size consisted of 60 school teachers. 30 in experimental group were taught training package regarding conduct disorder and 30 school teachers in control group followed school routines.

3.8 SAMPLING TECHNIQUE

Sampling technique adopted for the study was non probability convenient sampling technique for the selection of samples in experimental and control group.

3.9 CRITERIA FOR SAMPLE SELECTION

3.9.1 Inclusion criterias

1. School teachers who could understand Tamil or English.
2. School teachers who were handling children in the age group of 11-17 years.

3.9.2 Exclusion criterias

1. School teachers who had already undergone similar training package within a period of 6 months of duration.
2. School teachers who were not willing to participate.

3.10 DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool constructed for the study has two parts

3.10.1 PART - I: DATA COLLECTION TOOL

Section A: Assessment of Demographic Variables

Demographic variables consisted of age, gender, religion, marital status, education status, family monthly income, type of family, years of experience and classes handling level.

Section B: Structured Knowledge Questionnaire

A structured knowledge questionnaire was developed by the researcher in order to assess the level of knowledge regarding conduct disorder of children. It comprised of 25 closed ended multiple choice questions with a maximum score of 25 and minimum score of 0 with the following components.

S.NO.	ITEMS	QUESTIONS
1.	Conduct disorder	3
2.	Etiology	2
3.	Risk factors	2
4.	Types	1
5.	Co-morbid mental illness	1
6.	Symptoms	6
7.	Diagnosis	2
8.	Complications	1
9.	Differentiating boys and girls	1
10	Screening tool	1
11.	Treatment	4
12.	Prevention	1

Scoring and interpretation:

Score	Percentage	Interpretation
≥ 19	>75	Adequate knowledge
13 – 18	50 – 75	Moderately adequate knowledge
≤ 12	<50	Need to improve knowledge

Section C: Attitude Scale

It was a 5 point likert's scale which comprised of 15 items (7 positive statements and 8 negative statements) devised by the investigator. The score for positive items were strongly agree – 5, agree – 4, uncertain – 3, disagree – 2 and strongly disagree – 1. The negative items were scored reversely.

Scoring and interpretation

Score	Percentage	Interpretation
≤ 38	<50	Unfavourable attitude
39 – 55	50 – 75	Moderately favourable attitude
≥ 56	>75	Favourable attitude

3.10.2 PART – II: INTERVENTION TOOL - TRAINING PACKAGE

Training package aimed to help the teachers to gain knowledge about conduct disorder of children and develop positive attitude towards conduct disorder of children. The training package comprises of:

1. Lecture cum discussion on meaning, prevalence, etiology, types, risk factors, co-morbid mental illness, signs and symptoms, complications, differentiating conduct disorder between boys and girls, treatment and preventive aspects for a period of 30 minutes.
2. Video-show on signs and symptoms regarding conduct disorder of children for a period of 8 minutes.
3. Demonstration on video assisted thought field therapy and administration of modified conduct disorder screening tool to identify conduct disorder.
4. Pamphlets for reinforcement.

3.10.3 REGULAR ACTIVITIES

Regular activities like taking classes and maintaining records were done by the school teachers.

Preliminary preparation

- Obtained formal permission.
- Seating arrangements was done.
- Privacy was maintained.
- Informed written consent obtained.
- AV aids was arranged.

During intervention

- Discussed about conduct disorder.

After intervention

- Queries were clarified.
- Reinforcement was given.

3.11 CONTENT VALIDITY

The content validity was ascertained from the following field of expertise

Psychiatrist	- 1
Clinical Psychologist	- 1
Mental Health Nursing Specialist	- 4
Social Worker	- 1

All the modifications were done in the tool, all experts gave their consensus and tool was finalized.

3.12 ETHICAL CONSIDERTAION

The study was approved by the Institutional Ethical Board of ICCR, Omayal Achi College of Nursing which was held on December 2014 and the ethical principles followed were:

1. BENEFICENCE

The investigator followed the fundamental ethical principles of beneficence by adhering to

a. The right to freedom from harm and discomfort

The study was beneficial for the participants as it improve their knowledge and attitude regarding conduct disorder of children.

b. The right to protection from exploitation

The investigator explained the procedure and nature of the study to the school teachers and encouraged that none of the participant in both experimental and control group would be exploited or denied fair treatment.

2. RESPECT FOR HUMAN DIGNITY

The investigator followed the second ethical principle of respect for human dignity. It includes the right to self determination and right to self disclosure.

a. The right to self determination

The investigator gave full freedom to the caregivers to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions.

b. The right to full disclosure

The researcher has fully described the nature of the study; the person's right to refuse participation and researcher's responsibilities based on the oral and written informed consent was obtained from the participants.

3. JUSTICE

The researcher adhered to the third ethical principle of justice. It includes participants right to fair treatment and right to privacy.

a. Right to fair treatment

The researcher selected the study participants based on the research requirements. During the period of data collection the school teachers in control group followed regular activities. Researcher administered the intervention to the school teachers in the control group after the completion of post test.

b. Right to privacy

The researcher maintained the study participant's privacy throughout the study.

4. CONFIDENTIALITY

The researcher maintained confidentiality of the data provided by the study participants.

3.13 RELIABILITY OF THE TOOL

The reliability of the tool was done by test-retest method for knowledge questionnaire and split half method for attitude scale by using the following formula

Test-rest method $r = \dfrac{N\Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{N\Sigma x^2 - (\Sigma x)^2}\ \sqrt{N\Sigma y^2 - (\Sigma y)^2}}$

Split half method $r = \dfrac{\Sigma(x - \overline{x})\ (y - \overline{y})}{\sqrt{\Sigma(x - \overline{x})^2\ \Sigma(y - \overline{y})^2}}$

The reliability score obtained was 0.97 by test retest method and 0.94 by split half method. The 'r' value indicated positive correlation, which showed that the tool was reliable for the researcher for conducting the main study.

3.14 PILOT STUDY

Pilot study was conducted for a period of one week after obtaining formal permission from the ICCR, The Principal, Omyal Achi College of Nursing and The Headmaster, Government higher secondary schools. Teachers were informed regarding the conduction of pilot study.

The investigator selected two schools with 5 samples from each school. Totally 10 school teacher selected as samples using non-probability convenient sampling technique. Self introduction and a brief explanation was given about the study to the school teachers and the informed consent was obtained. The investigator was provided with well ventilated separate room for data collection. Data were collected using structured knowledge questionnaire and attitude scale devised by the investigator for 30 minutes for each participant and confidentiality regarding the data was assured to win their co-operation.

After the pretest, 5 school teachers in experimental group were invited together to the separate class room for intervention. Researcher administered training package to the school teachers for a period of one hour. The control group was allowed to follow the regular activities in school. After 7 days the post test was conducted by using structured knowledge questionnaire and attitude scale devised by the investigator for both the groups.

Analysis of the findings showed that the training package had a significant effect on enhancing the level of knowledge and attitude regarding conduct disorder of children among school teachers. The result of the pilot study revealed the feasibility and practicability of the study.

3.15 PROCEDURE FOR DATA COLLECTION

The pilot study report was presented to ICCR and after the approval of the committee members the main study was conducted. Data collection procedure was done at selected schools, Villupuram. Formal administrative approval was obtained from The Principal, Omayal Achi College of Nursing and The Headmaster, Government higher secondary schools. Data collection was carried out for a period of four weeks. The investigator worked from 9.30am – 4.30pm during data collection period.

During the first week the nurse researcher selected the school teachers based on sample selection criteria. There were totally sixty school teachers selected as samples. 30 school teachers in each group were assigned by non-probability convenient sampling technique. 30 samples in Government higher secondary school, Anniyur were taken as experimental group and 30 samples in Government higher secondary school, Keezhperumpakam were taken as control group. A brief introduction about self and purpose of the study was explained, informed consent was obtained from the school teachers. Confidentiality regarding the data was assured so as to get co-operation during the procedure of data collection. Headmaster provided well ventilated separate class room for data collection. Data were collected by using structured knowledge questionnaire and attitude scale devised by the investigator for 30 minutes for each participant.

In the second week, school teachers in experimental group were divided in to 3 groups. Each group comprised of 10 members. Three sessions were conducted and training package was given for one hour. The control group was allowed to follow the regular activities in school. After 7 days, post test was conducted by using the structured knowledge questionnaire and attitude scale devised by the investigator. Training package was taught to the control group after the post test.

3.16 PROCEDURE FOR DATA ANALYSIS

The data collected was analyzed using both descriptive and inferential statistics.

3.16.1 Descriptive Statistics

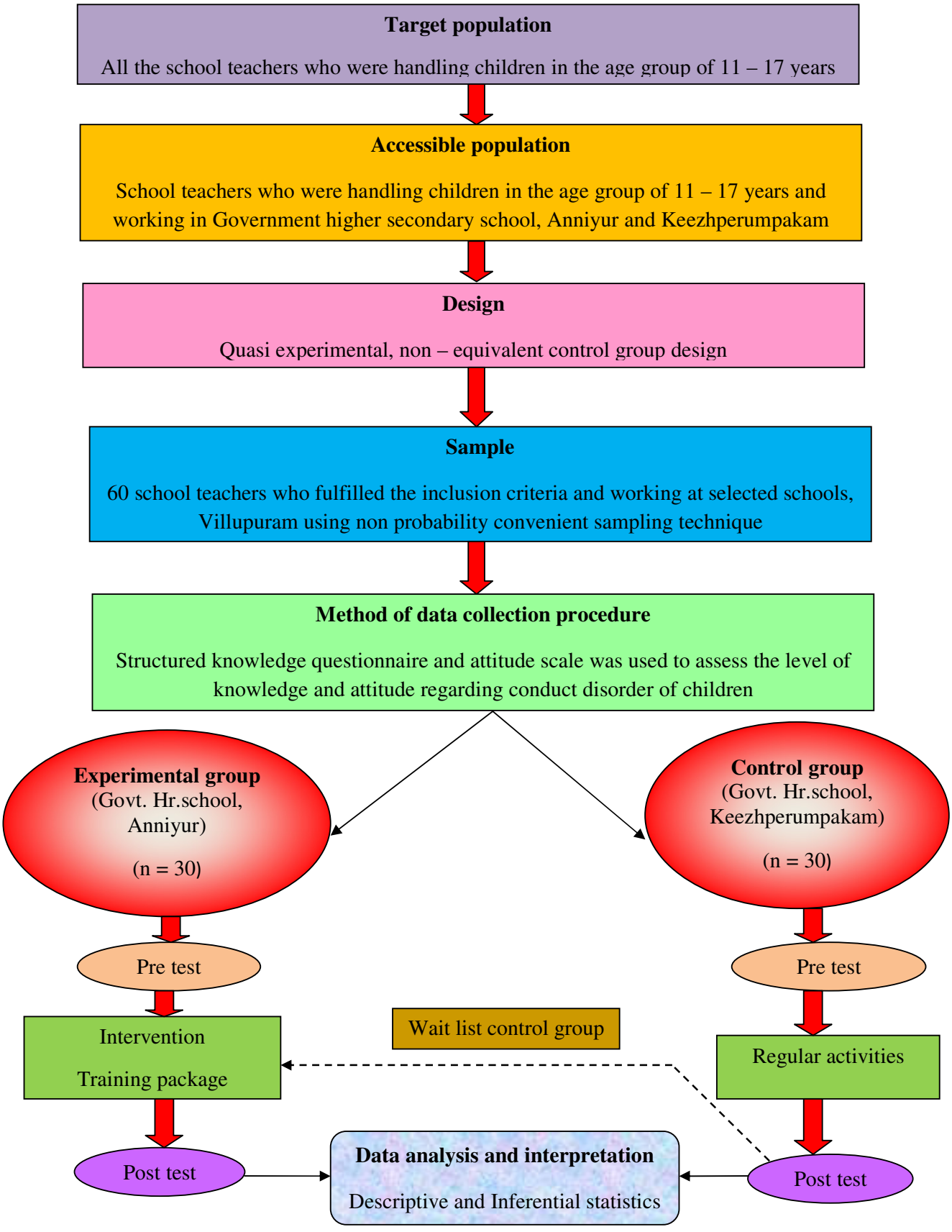
1. Frequency and percentage distribution was used to analyze the demographic variables of school teachers.
2. Mean and standard deviation was used to analyze the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers.

3.16.2 Inferential Statistics

1. Paired ‘t’ test was used to compare the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.

2. Unpaired ‘t’ test was used to compare the post test level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group.
3. Karl Pearson’s Correlation Coefficient was used to correlate the post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group.
4. One way ANOVA was used to associate the selected demographic variables with their pre and post test mean score of knowledge and attitude in experimental and control group.

FIG 3.1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 60 school teachers at selected settings, to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children. The data collected for the study was grouped and analyzed as per the objectives set for the study. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

ORGANIZATION OF DATA

The findings of the study were grouped and analyzed under the following sections.

Section 4.1: Description of the demographic variables of school teachers in the experimental and control group.

Section 4.2: Assessment of pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.

Section 4.3: Effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental group and control group.

Section 4.4: Correlation between the post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group.

Section 4.5: Association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.

SECTION 4.1: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF SCHOOL TEACHERS IN THE EXPERIMENTAL AND CONTROL GROUP.

Table 4.1.1: Frequency and percentage distribution of demographic variables of school teachers in experimental and control group with respect to age, gender and religion.

N = 60

S.No.	Demographic Variables	Experimental Group (n=30)		Control Group (n=30)	
		No.	%	No.	%
1	**Age in years**				
	20-30	**10**	**33.33**	2	6.67
	31-40	9	30.00	10	33.33
	41-50	9	30.00	**15**	**50.00**
	51-60	2	6.67	3	10.00
2	**Gender**				
	Male	**17**	**56.67**	**16**	**53.33**
	Female	13	43.33	14	46.67
3	**Religion**				
	Hindu	**26**	**86.67**	**19**	**63.33**
	Christian	4	13.33	11	36.67
	Muslim	0	0.00	0	0.00

The table 4.1.1 represents majority of the school teachers were in their early adulthood and middle adulthood in the experimental and control group respectively. In both the groups majority of the school teachers were males and belonged to Hindu religion.

Table 4.1.2: Frequency and percentage distribution of demographic variables of school teachers in experimental and control group with respect to marital status, education status and family monthly income.

N = 60

S.No.	Demographic Variables	Experimental Group (n=30)		Control Group (n=30)	
		No.	**%**	**No.**	**%**
1	**Marital status**				
	Married	**21**	**70**	**29**	**96.67**
	Unmarried	9	30	1	3.33
	Divorced/separated	0	0.00	0	0.00
	Widow	0	0.00	0	0.00
2	**Educational status**				
	B.Ed	**22**	**73.33**	14	46.67
	M.Ed	2	6.67	**15**	**50.00**
	M.Phil	6	20.00	1	3.33
	Any degree	0	0.00	0	0.00
3	**Family monthly income in Rs.**				
	≥ 36017	**15**	**50**	**25**	**83.33**
	18000-36016	**15**	**50**	5	16.67
	13495-17999	0	0.00	0	0.00
	8989-13494	0	0.00	0	0.00
	5387-8988	0	0.00	0	0.00
	1803-5386	0	0.00	0	0.00
	≤ 1802	0	0.00	0	0.00

Table 4.1.2 shows that most of the school teachers were married in both the groups. Majority of the school teachers in experimental and control group were graduates and postgraduates. In both the groups school teachers receive salary above 18000 to ≥ 36017.

Table 4.1.3: Frequency and percentage distribution of demographic variables of school teachers in experimental and control group with respect to family type, years of teaching experience and classes handling level.

N = 60

S. No.	Demographic Variables	Experimental Group (n=30)		Control Group (n=30)	
		No.	**%**	**No.**	**%**
1	**Family type**				
	Nuclear family	**15**	**50.00**	**23**	**76.67**
	Joint family	**15**	**50.00**	7	23.33
	Extended family	0	0.00	0	0.00
	Broken family	0	0.00	0	0.00
2	**Years of teaching experience**				
	< 1 year	**12**	**40**	0	0.00
	1-5 years	3	10	**13**	**43.33**
	5-10 years	6	20	4	13.34
	> 10 years	9	30	**13**	**43.33**
3	**Classes handling level**				
	Middle school	**12**	**40.00**	2	6.67
	High school	8	26.67	12	40.00
	Higher secondary school	10	33.33	**16**	**53.33**

Table 4.1.3 shows most of the school teachers in experimental and control group belongs to nuclear family. School teachers in experimental group possessed less experience than the control group. School teachers in experimental group handles middle school children whereas control group school teachers handles higher secondary school children.

SECTION 4.2: ASSESSMENT OF PRE AND POST TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING CONDUCT DISORDER OF CHILDREN AMONG SCHOOL TEACHERS IN EXPERIMENTAL AND CONTROL GROUP.

N=60

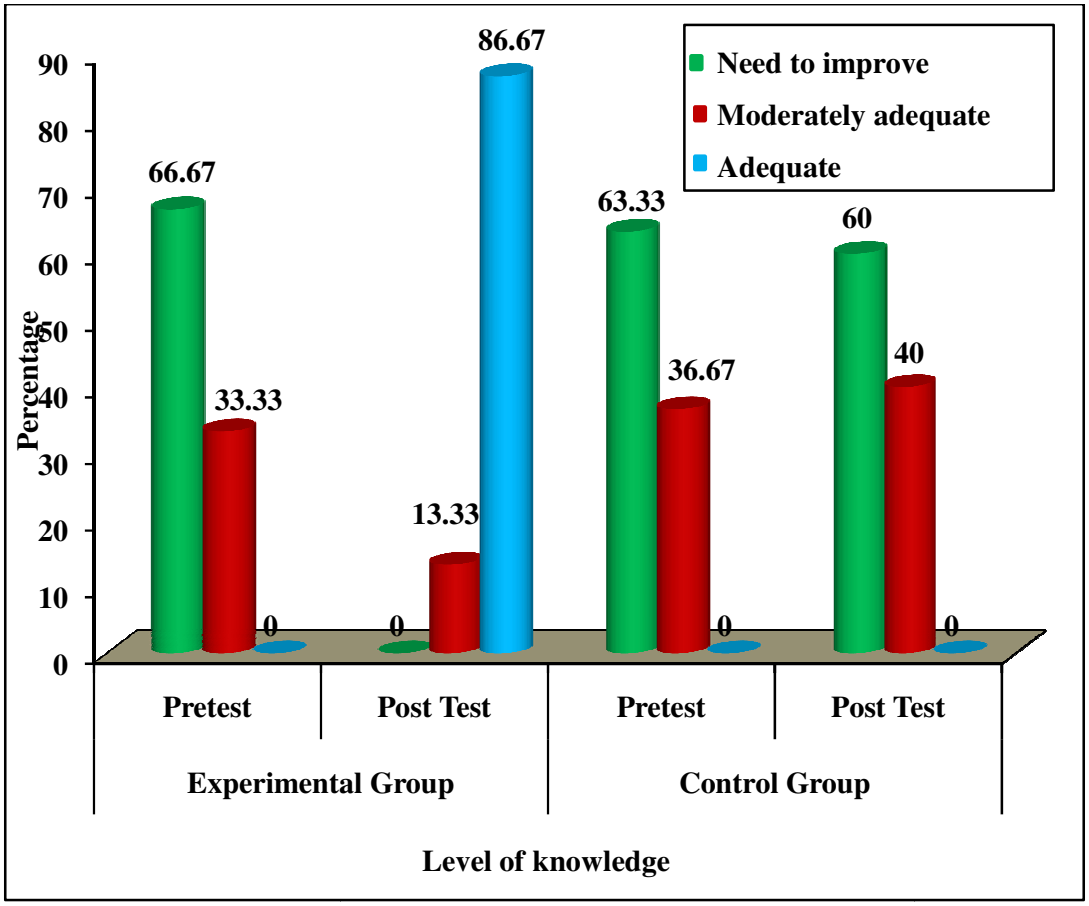


FIG.4.2.1 Percentage distribution of pre and post test level of knowledge regarding conduct disorder of children among school teachers in experimental and control group

The above figure shows that, in the pretest majority of the school teachers in experimental and control group had need to improve knowledge whereas in the posttest majority of school teachers in the experimental group had adequate knowledge and the school teachers in the control group had to improve their knowledge regarding conduct disorder of children.

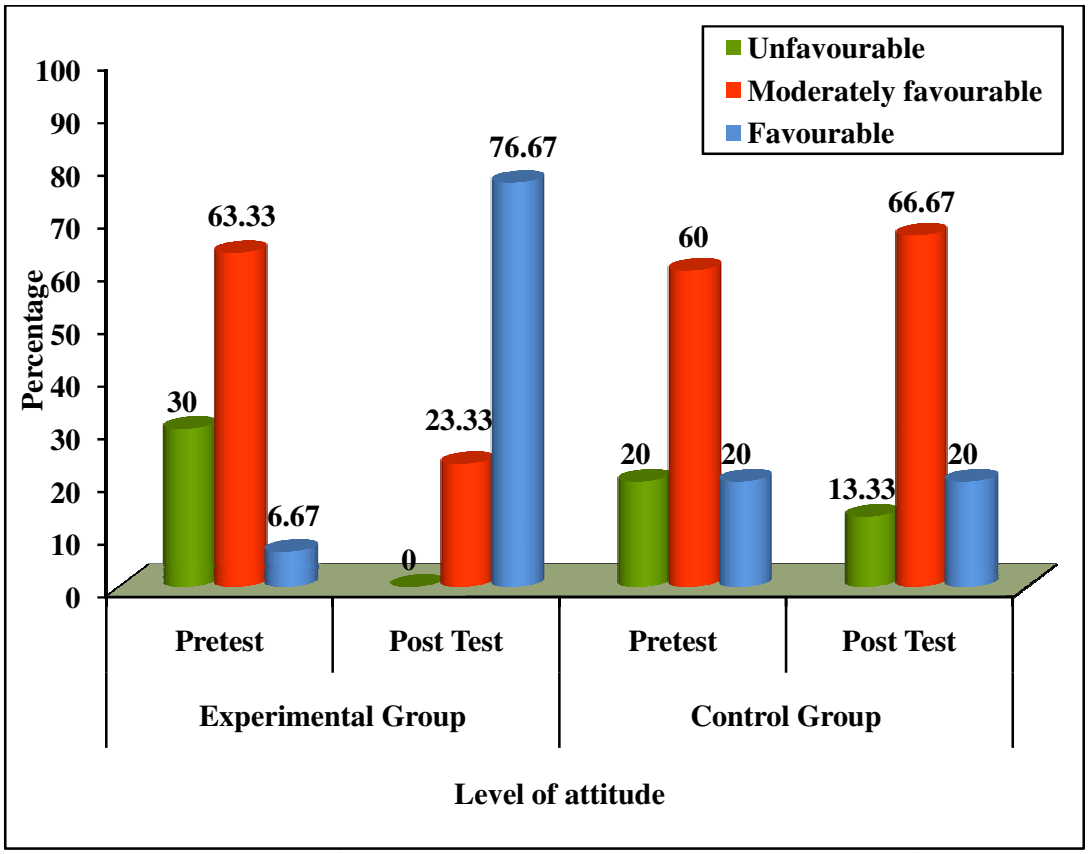


FIG.4.2.2 Percentage distribution of pre and post test level of attitude regarding conduct disorder of children among school teachers in experimental and control group.

The above figure shows that, in the pretest majority of the school teachers in experimental and control group had unfavorable attitude whereas in the posttest majority of school teachers in the experimental group had favorable attitude and control group teachers had unfavorable attitude regarding conduct disorder of children.

SECTION4.3: EFFECTIVENESS OF TRAINING PACKAGE ON LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING CONDUCT DISORDER OF CHILDREN AMONG SCHOOL TEACHERS.

Table 4.3.1: Comparison of pre and post test level of knowledge and attitude score regarding conduct disorder of children among school teachers in experimental group and control group.

N = 60

Group	Variables	Pre Test		Post Test		Paired 't' Value
		Mean	S.D	Mean	S.D	
Experimental	Knowledge	10.50	3.45	20.03	2.18	t = 15.307*** p = 0.001, S
	Attitude	43.0	6.56	60.26	5.36	t = 11.457*** p = 0.001, S
Control	Knowledge	10.86	3.87	10.90	3.88	t = 0.441 p = 0.662, N.S
	Attitude	46.10	8.22	46.36	7.97	t = 1.439 p = 0.161, N.S

***p<0.001, S – Significant, N.S – Not Significant

The above table shows that, in experimental group after the administration of training package the school teachers gained knowledge and developed positive attitude regarding conduct disorder of children. Whereas in control group there was no significant difference in the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers.

Table 4.3.2: Comparison of post test level of knowledge and attitude score regarding conduct disorder of children among school teachers between experimental and control group.

N = 60

Variables	Group	Mean	S.D	Unpaired 't' Value
Knowledge`	Experimental	20.03	2.18	t = 11.209
	Control	10.90	3.88	p = 0.001, S***
Attitude	Experimental	60.26	5.36	t = 7.921
	Control	46.36	7.97	p = 0.001, S***

***p<0.001, S – Significant

The researcher found that the training package imparted adequate knowledge and enhanced positive attitude towards conduct disorder of children among school teachers in experimental group than the control group.

SECTION 4.4: CORRELATION BETWEEN POST TEST LEVEL OF KNOWLEDGE SCORE WITH ATTITUDE SCORE REGARDING CONDUCT DISORDER OF CHILDREN AMONG SCHOOL TEACHERS.

Table 4.4.1: Correlation between post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group.

n = 30

Variables	Mean	S.D	'r' Value
Knowledge	20.03	2.18	r = 0.766
Attitude	60.26	5.36	p =0.01, S**

**p<0.01, S – Significant

The above table clearly shows the positive relationship between post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group. This depicts that as the post test level of knowledge increases the favourable attitude also increases simultaneously.

SECTION 4.5: ASSOCIATION OF SELECTED DEMOGRAPHIC VARIABLES WITH THEIR PRE AND POST TEST MEAN SCORE OF KNOWLEDGE AND ATTITUDE REGARDING CONDUCT DISORDER OF CHILDREN AMONG SCHOOL TEACHERS IN EXPERIMENTAL AND CONTROL GROUP.

Table 4.5.1: Association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental group.

n = 30

Demographic Variables	Pre test knowledge		Post test knowledge		Pre test attitude		Post test attitude	
	F	**Sig.**	**F**	**Sig.**	**F**	**Sig.**	**F**	**Sig.**
Age	1.665	0.199	0.362	0.781	1.217	0.323	0.807	0.502
Gender	1.535	0.226	0.056	0.814	0.150	0.701	0.010	0.922
Religion	1.581	0.219	0.582	0.452	1.138	0.295	0.151	0.701
Marital status	1.811	0.189	1.815	0.189	2.861	0.102	5.079	**0.032***
Educational status	1.541	0.232	0.691	0.510	0.910	0.414	1.801	0.184
Family monthly income	0.621	0.437	1.597	0.217	0.438	0.514	3.393	0.076
Type of family	1.490	0.243	0.083	0.920	0.417	0.663	0.411	0.667
Years of teaching experience	4.568	**0.011***	0.295	0.828	2.296	0.101	0.926	0.442
Classes handling level	2.910	0.072	3.533	**0.043***	0.892	0.422	2.763	0.081

*p<0.05 – Significant

In experimental group, years of teaching experience had a significant association with the pre test mean score of knowledge and classes handling level had significant association with the post test mean score of knowledge whereas marital status had a significant association with the post test mean score of attitude.

Table 4.5.2: Association of selected demographic variables with their pre test mean score of knowledge regarding conduct disorder of children among school teachers in experimental group.

n = 30

S.No	Demographic variables	Pre test mean score of knowledge	ANOVA	
			F	Significance
1.	**Years of teaching experience**		4.568	0.011*
	< 1 year	8.417		
	1 – 5 years	10.000		
	5 – 10 years	13.667		
	>10 years	11.333		

*p<0.05 – Significant

The researcher found that school teachers who had experience of 5 – 10 years had better knowledge regarding conduct disorder of children.

Table 4.5.3: Association of selected demographic variables with their post test mean score of knowledge regarding conduct disorder of children among school teachers in experimental group.

n = 30

S.No.	Demographic variables	Post test mean score of knowledge	ANOVA	
			F	Significance
1.	**Classes handling level**		3.533	0.043*
	Middle school	19.667		
	High school	21.625		
	Higher secondary school	19.200		

*p<0.05 – Significant

The researcher found that school teachers who were handling high school had gained more knowledge regarding conduct disorder of children.

Table 4.5.4: Association of selected demographic variable with their pre test mean score of attitude regarding conduct disorder of children among school teachers in experimental group.

n = 30

S.No.	Demographic variables	Pre test mean score of attitude	ANOVA	
			F	Significance
1.	**Marital status**		2.861	0.102
	Married	44.286		
	Unmarried	40.000		
	Divorced/separated	0.000		
	Widow	0.000		
2.	**Years of teaching experience**		2.296	0.101
	< 1 year	41.917		
	1 – 5 years	42.000		
	5 – 10 years	48.833		
	>10 years	40.889		

*p<0.05 – Significant

The researcher found that none of the demographic variables had statistically significant association with their pretest mean score of attitude regarding conduct disorder of children.

Table 4.5.5: Association of selected demographic variable with their post test mean score of attitude regarding conduct disorder of children among school teachers in experimental group.

n = 30

S.No.	Demographic variables	Post test mean score of attitude	ANOVA	
			F	Significance
1.	**Marital status**		5.079	0.032*
	Married	61.619		
	Unmarried	57.111		
	Divorced/separated	0.000		
	Widow	0.000		

*p<0.05 – Significant

The researcher found that school teachers who were married had favorable attitude towards conduct disorder of children in experimental group.

Table 4.5.6: Association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in control group.

n=30

Demographic Variables	Pre test knowledge		Post test knowledge		Pre test attitude		Post test attitude	
	F	**Sig.**	**F**	**Sig.**	**F**	**Sig.**	**F**	**Sig.**
Age	0.542	0.658	0.690	0.566	1.506	0.236	1.374	0.273
Gender	0.085	0.773	0.022	0.883	0.922	0.345	1.429	0.242
Religion	0.003	0.959	0.033	0.857	0.020	0.889	.080	0.780
Marital status	0.669	0.420	0.294	0.592	0.053	0.819	0.042	0.839
Educational status	0.902	0.418	0.886	0.424	2.035	0.150	1.919	0.166
Family monthly income	0.293	0.593	0.471	0.498	0.021	0.885	0.005	0.944
Type of family	1.021	0.321	0.648	0.427	0.308	0.583	0.454	0.506
Years of teaching experience	0.857	0.435	0.883	0.425	2.153	0.136	2.128	0.139
Classes handling level	0.216	0.807	0.196	0.824	0.069	0.933	0.120	0.887

The table 4.5.6 shows that none of the demographic variables had shown statistically significant association with the pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers.

CHAPTER – 5

DISCUSSION

DISCUSSION

This chapter discusses in detail about the findings of the study derived from the statistical analysis and its pertinence to the objectives of the study and further discussion exemplify these objectives were satisfied by the study. The purpose of the study was to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers.

The findings of the study discussed were based on the objectives as stated.

5.1 Description of the demographic variables among school teachers in experimental and control group.

With regard to demographic variables in experimental group majority of school teachers 10(33.33%) were in the age group of 20 – 30 years, 17(56.67%) were male, 26(86.67%) were Hindus, 21(70%) were married, 22(73.33%) were educated up to B.Ed., 15(50%) had an income of ≥ Rs.36017 and Rs.18000 – 36016 respectively, 15(50%) belong to nuclear family, 12(40%) had an experience of < 1 year and 12(40%) handled middle school children.

Whereas in the control group, majority of school teachers 15(50%) in the age group of 41 – 50 years, 16(53.33%) were male, 19(63.33%) were Hindus, 29(96.67%) were married, 15(50%) were educated up to M.Ed., 25(83.33%) had an income of ≥ Rs.36017, 23(76.67%) belong to nuclear family, 13(43.33%) had an experience of 1 – 5 years and >10 years respectively and 16(53.33%) handled higher secondary school children.

5.2 The first objective was to assess and compare the pretest and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental group and control group.

Findings of pre test analysis in the experimental group revealed that 20(66.67%) had need to improve knowledge and 10(33.33%) had moderately adequate knowledge regarding conduct disorder of children. After administration of training package, in the

post test 26(86.67%) had adequate knowledge and 4(13.33%) had moderately adequate knowledge regarding conduct disorder of children among school teachers.

Findings of pretest analysis in the control group revealed that 19(63.33%) had need to improve knowledge and 11(36.67%) had moderately adequate knowledge regarding conduct disorder of children. Whereas in the post test 18(60%) had inadequate knowledge and 12(40%) had moderately adequate knowledge regarding conduct disorder of children among school teachers

Findings of pretest analysis in the experimental group revealed that 9(30%) had unfavourable attitude, 19(63.33%) had moderately favourable attitude, and 2(6.67%) had favourable attitude regarding conduct disorder of children. In the post test analysis, after the administration of training package 23(76.67%) had favourable attitude and 7(23.33%) had moderately favourable attitude regarding conduct disorder of children among school teachers.

Findings of pretest analysis in the control group revealed that 6(20%) had unfavourable attitude, 18(60%) had moderately favourable attitude and 6(20%) had favourable attitude regarding conduct disorder of children. Whereas in the post test analysis, 4(13.3%) had unfavourable attitude, 20(66.67%) had moderately favourable attitude and 6(20%) had favourable attitude regarding conduct disorder of children among school teachers.

The findings were supported by Craig, Bell and Leschied (2011) conducted a pre experimental study on pre-service teacher's knowledge and attitude regarding school-based bullying at Ontario University and reported that there was a major difference regarding the knowledge about bullying, its consequences and various intervening methods to quit the violence. The research findings concluded that it is very important to provide teachers with training regarding anti-violence strategies.

5.3 The second objective was to assess the effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers.

When comparing the experimental group level of knowledge, in pretest the mean value was 10.50 with standard deviation of 3.45 and the post test mean value was 20.03 with standard deviation of 2.18. The calculated paired 't' value was t = 15.307 was found to be statistically significant at $p<0.001$ level. This clearly indicates that, the training package has imparted adequate knowledge regarding conduct disorder of children among school teachers.

When comparing the experimental group level of attitude, in pretest the mean value was 43.0 with standard deviation of 6.56 and the post test mean value was 60.26 with standard deviation of 5.36. The calculated paired 't' value was t = 11.457 was found to be statistically significant at $p<0.001$ level. This clearly indicates that training package on attitude regarding conduct disorder of children administered to teachers had significant improvement in their post test level of attitude regarding conduct disorder of children.

When comparing the control group level of knowledge, in pretest the mean value was 10.86 with standard deviation of 3.87 and the post test mean value was 10.90 with standard deviation of 3.88. The calculated paired 't' value was t = 0.441 was not found to be statistically significant. This clearly indicates that there was no significant difference in the level of knowledge regarding conduct disorder of children among school teachers.

When comparing the control group level of attitude, in pretest the mean score was 46.10 with standard deviation of 8.22 and the post test mean score was 46.36 with standard deviation of 7.97. The calculated paired 't' value was t = 1.439 was not found to be statistically significant. This clearly indicates that there was no change in the level of attitude regarding conduct disorder of children among school teachers.

When comparing the post test level of knowledge, the experimental group mean value was 20.03 with standard deviation of 2.18 and the control group mean value was 10.90 with standard deviation of 3.88. The calculated unpaired 't' value was t = 11.209 was found to be statistically significant at $p<0.001$ level. This clearly indicates that there

was significant improvement in the level of knowledge regarding conduct disorder of children among school teachers in the experimental group than the control group.

When comparing the post test level of attitude, the experimental group mean value was 60.26 with standard deviation of 5.36 and the control group mean value was 46.36 with standard deviation of 7.97. The calculated unpaired 't' value was t = 7.921 was found to be statistically significant at $p<0.001$ level. This clearly indicates that there was significant change in the level of attitude regarding conduct disorder of children among school teachers in the experimental group than the control group.

The findings were supported by Bakkiyalakshmi, K (2010) who conducted a pre experimental study to assess the effectiveness of structured teaching programme on knowledge of primary school teachers regarding conduct disorder among children at selected primary schools in Bangalore. 30 primary school teachers were selected using purposive sampling method and data were collected using structured knowledge questionnaire and results revealed that there was a significant improvement in the knowledge of teachers after attending the teaching programme.

The findings were supported by Leary, O (2013) conducted a cluster randomized trial to assess the teacher delivered personality targeted cognitive behaviour interventions to reduce conduct disorder symptoms in London. The sample size was 19 school teachers. Two 90 minutes intervention was led by trained teacher and the result of the intervention significantly reduces the risk of severe conduct disorder symptoms by 21%.

Conduct disorder is more prevalent among school children and they elicit more risky behaviours against the society. The school teachers are the best clinician to detect the symptoms in its early stage and take necessary steps to prevent the consequences.

Hence the null hypothesis $\mathbf{NH_1}$ stated earlier that **"There is no significant difference between the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers at $p<0.05$ level" was rejected.**

The conceptual framework used for this study was based on **J.W. Kenny's open system Model**. The open system theory concerned with changes due to interaction

between the various factors (variables) in a situation. In human beings, interaction between person and environment change continuously. The key concepts of Kenny's open system model are input, throughput and output. Input refers to the matters and information, which are continuously processed through the system and released as outputs. After processing the input, the system returns output (matter and information) to the environment in a altered state, affecting the environment for information to guide its operation. This feedback information of environment responses to the system output is used by the system in adjustment correlation with the environment. Feedback may be possible, negative or neutral.

The investigator assessed the pretest level of knowledge and attitude of the school teachers regarding conduct disorder of children and it is continuously processed information in the environment. Through training the school teachers regarding conduct disorder the investigator changes system and expected outcome after processing the information. The investigator found that through administering the training package the school teachers gained adequate knowledge and developed positive attitude regarding conduct disorder of children.

5.4. The third objective was to correlate the post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers.

The study findings were correlated and revealed that the post test mean value of knowledge was 20.03 with standard deviation of 2.18 and the post test mean value of attitude was 60.26 with standard deviation of 5.36. The calculated Karl Pearson's Correlation Coefficient value was $r = 0.766$ shows a positive correlation and was found to be statistically significant at $p<0.01$ level. This clearly indicates that as the post test level of knowledge increases the attitude level also increases simultaneously.

Hence the null hypothesis $\mathbf{NH_2}$ stated earlier that **"There is no significant correlation between post test level of knowledge with attitude regarding conduct disorder of children among school teachers at $p<0.05$ level" was rejected.**

The findings were supported by Craig, Bell and Leschied (2011) study reported that there was a significant positive correlation was found between experience and

witnessing bullying. Hence the more experiences in witnessing bullying, the more concern and confidence the teachers developed in identifying and managing the problem.

5.5. The fourth objective was to associate the selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers.

The study findings were analyzed by means of one way analysis of variance, in experimental group years of teaching experience had a significant association with the pre test mean score of knowledge and classes handling level had significant association with the post test mean score of knowledge whereas marital status had a significant association with the post test mean score of attitude regarding conduct disorder of children among school teachers.

Whereas in control group none of the demographic variables had shown statistically significant association with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers.

Hence the null hypothesis **NH_3** stated earlier that **"There is no significant association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers at p<0.05 level"** was **rejected** for the above variables and was **accepted** for the other variables.

The researcher found that the review of literature and the statistical findings of the study revealed that training package was an effective intervention in improving the knowledge and attitude of school teachers regarding conduct disorder of children.

CHAPTER – 6

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter presents the summary, conclusion, implications, plan for research dissemination, research utilization, recommendations and limitations.

6.1 SUMMARY

Conduct disorder is a disruptive behavioural disorder which cannot be cured once diagnosed. It results in serious negative consequences like illicit drug use, school dropouts, violent behaviour, severe family conflict and frequent delinquent acts. Such behaviours often result in the child's eventual placement out of the home, either in special education or in juvenile justice system. Thus the school teachers play a magnified role in preventing conduct disorder in its earliest stage and seeking help from mental health professionals.

In view of improving the knowledge and positive attitude of school teachers the study was undertaken to assess the effectiveness of training package regarding conduct disorder of children. The study findings revealed that there was a statistically significant improvement in the knowledge and attitude regarding conduct disorder of children among school teachers.

6.1.1 The statement of the problem

A quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram.

6.1.2 The objectives of the study were

1. To assess and compare the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.
2. To assess the effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group.

3. To correlate the post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group.
4. To associate the selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group.

6.1.3 The study was based on the assumption that

1. School teachers may have some level of knowledge and attitude regarding conduct disorder of children
2. Provision of training package may improve the level of knowledge and develop positive attitude regarding conduct disorder of children among school teachers.

6.1.4 The Null hypotheses formulated were

NH_1: There is no significant difference between the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group at $p<0.05$ level.

NH_2: There is no significant correlation between post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group at $p<0.05$ level.

NH_3: There is no significant association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in experimental and control group at $p<0.05$level.

The review of literature was collected from primary and secondary sources. J.W. Kenny's open system model was adopted to conceptualize and explain the aspects of the study.

The nurse researcher designed the methodology, developed the data collection tool and intervention tool under the guidance of the Psychiatrist, Clinical Psychologist, Nurse Specialist and Medical Social Worker.

The researcher adopted quantitative research approach and quasi experimental non-equivalent control group design for this study. Structured knowledge questionnaire

and attitude scale devised by the investigator was used as a tool to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers. The pilot study was conducted at Government higher secondary school, Kuthampoondi and Panapakam, Villupuram district. Reliability and validity of the tool was collected and the 'r' value was 0.97 for knowledge questionnaire and 0.94 for attitude scale.

The ethical principles were followed throughout the study by obtaining ethical clearance certificate from the International Center for Collaborative Research (ICCR), formal permission from the respective school authorities and written consent from the participants. Privacy and confidentiality was maintained throughout the data collection period.

The main study was conducted at selected schools in Villupuram. The sample size was 60 school teachers. The samples were selected by non-probability convenient sampling method.

6.1.5 Major findings of the study were

The study revealed that in the experimental group, the pretest mean score of knowledge was 10.50 with S.D of 3.45 and attitude score was 43.0 with S.D of 6.56. The posttest mean score of knowledge was 20.03 with S.D of 2.18 and attitude score was 60.26 with S.D of 5.36. The calculated paired 't' value for knowledge was 15.307 and for attitude was 11.457, which was greater than the table value. Whereas in control group the pretest mean score of knowledge was 10.86 with S.D of 3.87 and attitude score was 46.10 with S.D of 8.22. The posttest mean score of knowledge was 10.90 with S.D of 3.88 and attitude score was 46.36 with S.D of 7.97. This indicates that there was a high statistical significant difference in the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers in experimental group at $p<0.001$ level.

The effectiveness of training package were analyzed using unpaired 't' test. In experimental group the post test mean score of knowledge was 20.03 with S.D of 2.18 and post test attitude was 60.26 with S.D of 5.36. Whereas in control group the post test mean score of knowledge was 10.90 with the S.D of 3.88 and post test attitude was 46.36

with S.D of 7.97. The calculated unpaired 't' test value for knowledge was 11.209 and for attitude was 7.921, which was greater than the table value and this indicated that there was statistically high significant difference in post test level of knowledge and attitude between experimental group and control group at $p<0.001$ level. It indicated the effectiveness of training package on level of knowledge and attitude regarding conduct disorder of children among school teachers.

Hence the null hypothesis **NH_1** stated earlier that **"There is no significant difference between the pre and post test level of knowledge and attitude regarding conduct disorder of children among school teachers between experimental and control group at $p<0.05$ level"** was **rejected.**

The study findings were correlated and revealed that the post test mean value of knowledge was 20.03 with the S.D of 2.18 and the post test mean value of attitude was 60.26 with the S.D of 5.36. The calculated Karl Pearson's Correlation Coefficient was 'r' = 0.766 shows a positive correlation and was found to be statistically significant at $p<0.01$ level. This clearly indicates that after the administration of training package regarding conduct disorder of children among school teachers the post test level of knowledge increases and their attitude level also increases simultaneously.

Hence the null hypothesis **NH_2** stated earlier that **"There is no significant correlation between post test level of knowledge score with attitude score regarding conduct disorder of children among school teachers in experimental group at $p<0.05$ level"** was **rejected.**

The association of study was done using one way analysis of variance (ANOVA). In experimental group the findings showed that the demographic variables such as years of experience and classes handling level had shown statistically significant association with their pre and post test mean score of knowledge regarding conduct disorder of children among school teachers at $p<0.05$ level. The demographic variable marital status had shown statistically significant association with their post test mean score of attitude regarding conduct disorder of children among school teachers at $p<0.05$ level. The other demographic variables had not shown statistically significant association with their pre

and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers in the experimental group.

Whereas in control group none of the demographic variables had shown statistically significant association with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers.

Hence the null hypothesis **NH_3** stated earlier that **"There is no significant association of selected demographic variables with their pre and post test mean score of knowledge and attitude regarding conduct disorder of children among school teachers at p<0.05 level"** was **rejected** for the above variables and was **accepted** for the other variables.

6.2 CONCLUSION

The present study aimed at assessing the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers and the findings of the study showed that the calculated unpaired 't' test value for knowledge was 11.209 and for attitude was 7.921 which indicated that training package was an effective intervention to improve the level of knowledge and attitude regarding conduct disorder of children among school teachers.

6.3 IMPLICATIONS

Some of the implications drawn from the study have a greater concern for nursing service, nursing education, nursing administration and nursing research.

6.3.1 Nursing practice

- The Community mental health nurse can use the training package for teachers in order to detect conduct disorder of children.
- Findings of the study can be utilized to educate noble novices about training package to identify conduct disorder.
- Implement mass psychoeducation programme on prevention of conduct disorder of children in the community setting.

6.3.2 Nursing education

- Nurse educators should incorporate the importance of assessment tools in the third year nursing program for early detection of behavioural problems among children.
- Nurse educator should develop skill among nursing students on identification of behavioural problems.
- Nurse educator can organize child psychiatric guidance clinic in schools for creating awareness regarding conduct disorder of children.
- Nurse educator can incorporate the findings of the study to plan training programmes and empower the teachers.

6.3.3 Nursing administration

- Nurse administrator can recommend the chief educational officer to organize training programme regarding conduct disorder of children among school teachers.
- The nurse administrator should encourage the school teachers to update the knowledge and develop positive attitude towards conduct disorder of children.
- The nurse administrator should have liaison with the Block Resource Center [BRC] to create awareness among school teachers regarding conduct disorder of children.

6.3.4 Nursing research

- The nurse researcher should communicate these findings to the parents so as to identify the behavioural changes among the children.
- The study findings show that school teacher has an important role in identifying conduct disorder. Hence the training programme to identify conduct disorder and improve the knowledge and attitude of school teachers can be undertaken.
- The finding of the present study serves as a basis for the other research scholars to conduct further studies on conduct disorder of children

6.4 PLAN FOR RESEARCH DISSEMINATION

The findings of the research will be disseminated through paper presentation either in conferences or workshops at the national or international level and will be published in a Psychiatry specialty journal.

6.5 PLAN FOR RESEARCH UTILIZATION

- The findings of the research was utilized in both the schools where the study was conducted.

6.6 RECOMMENDATIONS

- The nurse researcher will recommends the schools at adopted villages of Omayal achi community health center to use the screening tool for identifying children with conduct disorder.
- The nurse researcher will recommend the Government of Tamilnadu to create a post of school health counselors in all the schools for the benefit of future citizens.
- A longitudinal study can be conducted to assess the prevalence of conduct disorder by using the conduct disorder screening tool.
- A comparative study can be conducted between government and private schools to identify the difference in prevalence rate of conduct disorder.
- The training package regarding conduct disorder can be implemented in all schools.
- The nurse researcher will recommend the school teachers to communicate the information regarding preventive aspects of conduct disorder to the parents.
- The nurse researcher will recommend the school headmaster to conduct parents meeting every month as like private schools to review about academic and behaviour of the child.
- A comparative study on knowledge regarding conduct disorder of children among school teachers between rural and urban community can be conducted.

6.7 LIMITATIONS

- It was difficult for the researcher to seek permission from the school administrators.

REFERENCES

REFERENCES

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APPENDICES

Love to Serve
அறஞ்செய விரும்பு

INTERNATIONAL CENTRE FOR COLLABORATIVE RESEARCH

OMAYAL ACHI COLLEGE OF NURSING

Run by MR Omayal Achi MR Arunachalam Trust

ETHICAL CLEARANCE CERTIFICATE

Valid from: December 2014
Valid to: May 2016

Name of the Principle Investigator: Mrs. Kavitha S, M.Sc. (N) Student (Mental Health Nursing)

The **ICCR** Ethical Committee meeting held on 22.12.2014 had reviewed the project titled **"A quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram."** The proposal was found to be acceptable on ethical grounds. The Principle Investigator has the responsibility and accountability for any other administrative / regulatory approvals that may pertain to this research project and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review.

This certificate of approval is valid for the time period provided, there is no change in the methodology protocol or consent process and documents.

Any significant change should be reported to Director for Research Committee considerations in advance for its implementation.

Signature of Research Director : Kavitha

Signature of Researcher : Kavitha

45, AMBATTUR ROAD, PUZHAL, CHENNAI - 600 066. TAMIL NADU, INDIA
Tel : 26591617, 26591618, Fax : 26591616, E-mail : iccrphc@gmail.com, Website : www.omayaln.com

Love to Serve
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INTERNATIONAL CENTRE FOR COLLABORATIVE RESEARCH

OMAYAL ACHI COLLEGE OF NURSING

Run by MR Omayal Achi MR Arunachalam Trust

INFORMATION EDUCATION COMMUNICATION DEPARTMENT

IEC APPROVAL CERTIFICATE

Name of the Principle Investigator: **Mrs. Kavitha S** M.Sc.(N) Student (Mental Health Nursing)

The **IEC** committee meeting had reviewed the IEC materials – Power Point Presentation and pamphlet titled **"Conduct disorder** & Video show on **" Signs & symptoms of conduct disorder and demonstration of video assisted thought field therapy" .**

The IEC materials were found to be acceptable on principles of AV AIDS preparation. It is certified that the intervention tool based on IEC materials are appropriate and consistent with the lesson plan to administer for the research project titled **"A quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram."** Any significant change should be reported to coordinator / Director IEC department for considerations in advance for its implementation.

Signature of the IEC Director :

Signature of the IEC Coordinator :

Signature of the H.O.D :

Signature of the Researcher :

Date :

45, AMBATTUR ROAD, PUZHAL, CHENNAI - 600 066. TAMIL NADU, INDIA
Tel : 26591617, 26591618, Fax : 26591616, E-mail : iccrphc@gmail.com, Website : www.omayaln.com

APPENDIX – C

REQUISITION LETTER FOR CONTENT VALIDITY

From

Mrs.S.Kavitha

M.sc (N) I year,

Omayal Achi College of Nursing,

Puzhal, Chennai

To

Respected Sir\Madam,

Subject: Requisition for expert opinion for content validity.

I am Ms.S. Kavitha doing my M.sc Nursing I year specializing in Mental Health Nursing at Omayal Achi College of Nursing under the guidance of Dr.Mrs.S.Kanchana, Research Director ICCR and Speciality Guide Mrs.Hemavathy. As a part of my research project to be submitted to the Tamil Nadu Dr. M.G.R. Medical University December 2014 session and in partial fulfillment of the University requirement for the award of M.Sc(N) degree, I am conducting **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram."** I have enclosed my data collection and intervention tool for your expert guidance and validation.

Thanking you,

Yours faithfully,

(Ms. S. Kavitha)

ENCLOSURES:

1. Research proposal
2. Data collection tool
3. Intervention tool
4. Content validity form
5. Certificate for content validity

LIST OF EXPERTS FOR CONTENT VALIDITY

MENTAL HEALTH MEDICAL EXPERT

1. **Dr. M. Peter Fernandez**
   M.D., D.P.M., T. D. D., F. I. P. S
   Professor Emeritus (Psychiatry),
   Director, Dr. Fernandez Home for Schizophrenia,
   Mugaliwakam, Chennai – 600 125.

MENTAL HEALTH NURSING EXPERTS

1. **Dr. (Mrs.). Ciby Jose, M.Sc.(N)., Ph.D.,**
   Principal,
   Venkateshwara Nursing College,
   Thalambur, Chennai – 600 130.

2. **Mrs. K. Vijayalakshmi, M.Sc.(N).,**
   Professor & HOD,
   Mental Health Nursing Department,
   Apollo College of Nursing,
   Ayanambakkam, Chennai – 600 095.

3. **Mrs. Anuradha. C, M.Sc.(N).,**
   Associate Professor,
   Mental Health Nursing Department,
   Apollo College of Nursing,
   Ayanambakkam, Chennai – 600 095.

4. **Mrs. V. Sujatha, M.Sc.(N).,**
   Associate Professor,
   Mental Health Nursing Department,
   Sri Ramachandra College of Nursing,
   Sri Ramachandra University,
   Porur, Chennai – 600 116.

PSYCHOLOGY AND SOCIOLOGY EXPERTS

1. **Mr. G. Aravindan, M.Sc., M.Phil.,**
   Clinical Psychologist,
   Athma Hospital and Research,
   Thillai nagar, Trichy – 620 018.

2. **Mrs. Zoraida Samuel, MSW**
   Psychiatric Social Worker,
   Managing Trustee, Rehoboth home for mentally challenged people,
   Kolathuvancherry, Paraniputhur,
   Chennai – 602 101.

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Ms.S.Kavitha** M.Sc(Nursing) I year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Thiruvallur."** is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date: 7.5.15

Dr. M. PETER FERNANDEZ
M.D., D.P.M.,T.D.D.,FIPS
Professor Emeritus (Psychiatry)
3, Sabari Nagar Extn.,
Mugaliwakkam, Chennai-600 125.

Seal:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **MS.S.Kavitha** M.Sc(Nursing) I year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Thiruvallur"** is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date: 6/5/15

Dr. (Mrs) Ciby Jose.

Seal:

PRINCIPAL
VENKATESWARA NURSING COLLEGE,
THALAMBUR
CHENNAI-600 130

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Ms.S.Kavitha** M.Sc(Nursing) I year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Thiruvallur."** is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date:

K. VIJAYALAKSHMI
Professor & HOD of Department of Psychiatric Nursing.

Seal:

Apollo College of Nursing
Apollo College of Nursing
Chennai - 600 095

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Ms.S.Kavitha** M.Sc(Nursing) I year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Thiruvallur."** is validated by the undersigned and she can proceed with this tool to conduct the main study.

MRS. ANURADHA. C
ASSOCIATE PROFESSOR,
MENTAL HEALTH NURSING DEPT,
APOLLO COLLEGE OF NURSING,
CHENNAI - 600095.

Signature with date:

Seal:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Ms.S.Kavitha** M.Sc(Nursing) I year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Thiruvallur."** is validated by the undersigned and she can proceed with this tool to conduct the main study.

V. Sujatha 07.05.15

Signature with date:

Seal: SRI RAMACHANDRA COLLEGE OF NURSING
Sri Ramachandra University
Porur, Chennai - 600 116

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the data collection and intervention tool developed by **Mrs.S.Kavitha** M.Sc(Nursing) 1 year student of Omayal Achi College of Nursing for her study **"A Quasi experimental study to assess the effectivenesss of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected setting, Thiruvallur."** is validated by the undersigned and she can proceed with this tool to conduct the main study.

Signature with date:

(G. ARAVINDAN)

Seal:

ATHMA HOSPITAL & RESEARCH
No. 12-B, 10th CROSS (EAST)
THILLAI NAGAR
TIRUCHIRAPPALLI-620 018

APPENDIX – D

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mrs.Kavitha.S, M.Sc Nursing II year student of Omayal Achi College of nursing Chennai, conducted a dissertation work on **"A quasi experimental study to assess the effectiveness of training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected settings, Villupuram, 2015"** under the guidance of Ms. Hemavathy, as a partial fulfilment of The Tamil Nadu Dr. M.G.R Medical University requirement for the award of M.Sc Nursing degree is edited for English language appropriateness by MARIA JOSEPH. I

Signature:

I. MARIA JOSEPH, M.A., M.A., M.Ed., M.Phil.,
Graduate Teacher (B.T. Asst.)
Govt. Panchayat Union Middle School,
Seal: Kuthampoondi, Vikravandi Taluk,
Villupuram District - 605 652.

APPENDIX – F

INFORMED CONSENT REQUISITION FORM

Good morning,

I Mrs. S. KAVITHA, M.Sc. (Nursing) student from Omayal Achi College of Nursing, Chennai, conducting **"A Quasi Experimental study to assess the effectiveness of Training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected setting, Villupuram"** as a partial fulfillment of the requirement for the degree of M.Sc. Nursing under the Tamil Nadu Dr. M.G.R Medical University

I assure you that information provided by you will be kept confidential. So, I request you to kindly cooperate with me and participate in this study by giving your frank and honest responses to the questions being asked.

Thank you.

Signature of the investigator

Kavitha.S

INFORMED WRITTEN CONSENT FORM

I understand that I am being asked to participate in a research study conducted by **Mrs. S. KAVITHA**, M.Sc. Nursing student of Omayal Achi College of Nursing, Puzhal, Chennai. This research study will evaluate **"the effectiveness of Training package on knowledge and attitude regarding conduct disorder of children among school teachers at selected setting, Villupuram".** If I agree to participate in the study, I will be given structured questionnaire to know the demographic variable and my knowledge and attitude on conduct disorder will be assessed by using structured knowledge questionnaire and attitude scale. The answers will be kept confidential. No identifying information will be included during the analysis process. I understood that there are no risks associated with this study.

I realize that the knowledge gained from this study may help me to identify children with conduct disorder in future. As I agree to participate in this study, I realize that I will be assessed about knowledge and attitude regarding conduct disorder and will be provided training regarding prevention of conduct disorder.I recognize that my participation in this study is entirely voluntary and I may withdraw from the study at any time as I wish. If I decide to discontinue my participation in this study, I will be continued to be treated in the usual and customary fashion.

I understood that all study data will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact Mrs.S. Kavitha M.Sc Nursing II year Omayal Achi College of Nursing, Puzhal, phone no. 04426501617 at any time during the study. The study has been explained to me. I have read and understood the consent form, my entire question has been answered, and I agree to participate in the study. I understood that I will be given a copy of this signed consent form.

---------- ---------

Signature of participant: Date:

---------- ---------

Signature of Investigator: Date:

APPENDIX – G

RESEARCH TOOL

SECTION A- DEMOGRAPHIC VARIABLES OF SCHOOL TEACHERS

(Write the correct options in the box given below)

1. Age in years_____

2. Gender
   a. Male
   b. Female
   c. Transgender

3. Religion
   a. Hindu
   b. Christian
   c. Muslim
   d. Others

4. Marital status
   a. Married
   b. Unmarried
   c. Divorced/separated
   d. Widow

5. Educational status
   a. B.Ed
   b. M.Ed
   c. M.phil
   d. Any other

6. Family monthly income in Rupees
   a. ≥ 36017
   b. 18000-36016
   c. 13495-17999
   d. 8989-13494
   e. 5387-8988
   f. 1803-5386
   g. ≤1802

7. Type of family
   a. Nuclear
   b. Joint
   c. Extended
   d. Broken family

8. Years of teaching experience
   a. <1 year
   b. 1-5 years
   c. 5-10 years
   d. > 10 years

9. Classes handling level
   a. Middle school
   b. High school
   c. High secondary level

SECTION B-STRUCTURED KNOWLEDGE QUESTIONNAIRE

(Write the correct option in the box given below)

1. Conduct disorder means ☐

A. antabuse type of behavior
B. antisocial type of behavior
C. age appropriate behavior
D. contact related behavior

2. Conduct disorder is characterized by ☐

A. involuntary behavior
B. behaviors that occur for a short period of time
C. adaptive family interactions
D. violations of rules and others rights

3. Conduct disorder is a group of ☐

A. behavioral problems
B. emotional problems
C. behavioral and emotional problems
D. behavioral, emotional and physical problems

4. Conduct disorder may be due to ☐

A. early maternal acceptance
B. early maternal rejection
C. early sibling acceptance
D. early sibling rejection\

5. The most important parental factor which influences conduct disorder is

A. obesity in parents
B. alcohol use in parents ☐
C. diabetic parents
D. parents with cancer

6. The onset of conduct disorder occurs in

A. preschooler
B. toddler
C. adult
D. childhood

7. In conduct disorder, the symptom must persist over a period of _____ months

A. 1-3
B. 3-5
C. 6-12
D. More than a year

8. The major risk factor for conduct disorder among children in relation to parents is_____

A. both parents away from home for work
B. parents staying at home
C. parents residing in rural area
D. non-literate parents

9. The most common risk factor of childhood conduct disorder is _____

A. abuse/neglect
B. physical disorder
C. learning disorder
D. congenital disorder

10. Conduct disorder is most commonly associated with_____

A. learning disorder
B. visual disorder
C. mental retardation
D. physical disorder

11. In conduct disorder, the child demonstrates

A. cruelty towards animals and people
B. cruelty towards people only
C. cruelty towards animals only
D. cruelty towards inanimate objects

12. Destructive conduct means

A. breaking property
B. self harm
C. staying out
D. alcohol abuse

13. Bullying others is a_____

A. deceitful behavior
B. aggressive behavior
C. deceitful and aggressive behavior
D. rule violating behavior

14. Conduct disorder causes impairment in

A. social, academic or occupational functioning
B. cultural, spiritual or physical functioning
C. academic, physical or social functioning
D. social, cultural or spiritual functioning

15. Internalized symptom of conduct disorder is _____

A. anxiety
B. pre occupation
C. fatigue
D. somatic symptoms

16. **Aggressive conduct results in_____**

A. harming others
B. skipping school
C. stealing
D. lying

17. A total of _____ or more symptoms confirms the presence of conduct disorder

A. 7

B. 2

C. 3

D. 5

18. The complication of conduct disorder is_____

A. sleep disturbance

B. non communicable disease

C. legal difficulties

D. planned pregnancy

19. Boys and girls with conduct disorder are differentiated with symptoms like_____

A. aggressive behavior and deceitful behavior

B. destructive behavior and aggressive behavior

C. rule violating behavior and deceitful behavior

D. dominating behavior and abusive behavior

20. The behavior of a child stealing valuable items falls under_____ category

A. aggression to people and anxiety

B. destruction of property

C. deceitfulness or theft

D. violation of rules

21. _____intervention has a positive effect on academic and management progress for children with conduct disorder

A. hospital based

B. school based

C. community based

D. Skill training

22. In the management of conduct disorder the child's parents need to ____

A. punish the child
B. monitor daily activities of the child
C. isolate the child from family members
D. allow the child for schooling

23. The school based play therapy intervention is more effective in facilitating a positive rapport between

A. parent and child
B. teacher and child
C. peer group and child
D. sibling and child

24. The additional treatment to address conduct disorder than the usual treatment is_____

A. individualized treatment
B. school based treatment
C. resolving familial conflict
D. finding out possible triggers of conduct disorder

25. The preventive measures of conduct disorder include

A. rehabilitation services
B. early detection and treatment
C. transition programs
D. service learning

COMPONENTS OF KNOWLEDGE QUESTIONNAIRE

Question nos.	Components
1-3	Conduct disorder
4-5	Etiology
6	Types
8-9	Risk factors
10	Co-morbid mental illness
11-16	Symptoms
7 &17	Diagnosis
18	Complication
19	Differentiating boys and girls
20	Screening tool
21-24	Treatment
25	Prevention

SCORING AND INTERPRETATION FOR STRUCTURED KNOWLEDGE QUESTIONNAIRE

Score	Percentage	Interpretation
≥ 19	> 75	Adequate knowledge
13 – 18	50 – 75	Moderately adequate knowledge
≤ 12	< 50	Need to improve knowledge

ANSWER KEYS FOR STRUCTURED KNOWLEDGE QUESTIONNAIRE

1. B	6. D	11. A	16. A	21. B
2. D	7. C	12. A	17. C	22. B
3. C	8. A	13. B	18. C	23. B
4. B	9. A	14. A	19. A	24. C
5. B	10. A	15. A	20. C	25. B

SECTION C- ATTITUDE SCALE

(Below are a number of statements regarding attitudes towards conduct disorder. Please read each one and indicate to what extend you agree or disagree with each statement by putting a √ mark)

S.No.	Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1.	Do you feel that the child with conduct disorder does not have any exposure to traumatic life experience					
2.	Do you feel that the child with conduct disorder will purposefully harm others					
3.	Do you feel that early identification of the behavioral problem may prevent conduct disorder among the children					
4.	Do you feel that it is always difficult to control the child with conduct disorder					
5.	Do you feel that violating the other rights will be seen in conduct disorder children					
6.	The type of antisocial behavior will always be displayed among children with conduct disorder					
7.	The children may act impulsively without considering the consequences of their actions					
8.	The parent with substance use have an impact on the conduct of the child					
9.	The children who have conduct disorder are often hard to control when they are unwilling to follow rules					

S.No.	Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
10.	Do you feel that the conduct disorder children have significant impairment in social, academic or occupational functioning					
11.	Do you feel that teachers play an important role in identifying the behavior of the student to elicit the risk for conduct disorder					
12.	The awareness of the change in the behavior of a child among parents is necessary to control conduct disorder among children					
13.	Bullying others, committing rape, harming others are the behaviors displayed by children with conduct disorder					
14.	The children with conduct disorder must be isolated from the peer group					
15.	It is not essential for parents of children with conduct disorder to spend quality time with them					

SCORING AND INTERPRETATION FOR ATTITUDE SCALE

Scoring:

Type of response	Positive statements	Negative statements
Strongly agree	5	1
Agree	4	2
Uncertain	3	3
Disagree	2	4
Strongly disagree	1	5

Interpretation:

Score	Percentage	Category
≤ 38	< 50	Unfavorable attitude
39 – 55	50 – 75	Moderately favorable attitude
≥ 56	> 75	Favorable attitude

Positive statements	1, 3, 11, 12, 13, 14, 15
Negative statements	2, 4, 5, 6, 7, 8, 9, 10

APPENDIX – H

CODING FOR DEMOGRAPHIC VARIABLES

Demographic variables	Code No.
1. Age in years_____	
2. Gender	
a. Male	1
b. Female	2
c. Transgender	3
3. Religion	
a. Hindu	1
b. Christian	2
c. Muslim	3
d. Others	4
4. Marital status	
a. Married	1
b. Unmarried	2
c. Divorced / Separated	3
d. Widow	4
5. Educational status	
a. B.Ed.,	1
b. M.Ed.,	2
c. M.Phil.,	3
d. Any other	4

6. Family monthly income in Rupees
   a. ≥ 36017 1
   b. 18000-36016 2
   c. 13495-17999 3
   d. 8989-13494 4
   e. 5387-8988 5
   f. 1803-5386 6
   g. ≤1802 7

7. Type of family
   a. Nuclear family 1
   b. Joint family 2
   c. Extended family 3
   d. Broken family 4

8. Years of teaching experience
   a. <1 year 1
   b. 1-5 years 2
   c. 5-10 years 3
   d. > 10 years 4

9. Classes handling level
   a. Middle school 1
   b. High school 2
   c. High secondary level 3

APPENDIX – I

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S.No.	Topic	Item	No. of items	Percentage
1.	Demographic variables	1 – 9	9	100%
2.	Structured knowledge questionnaire	1 – 25	25	100%
3.	Attitude scale	Positive – 7 Negative – 8	7 8	47% 53%
	Total	**49**	**49**	**100%**

APPENDIX – J

INTERVENTION TOOL

Training package prepared by the investigator for the school teachers, it is an educational programme regarding conduct disorder of children for about 60 minutes through lecture cum discussion, video show, demonstration and pamphlet for reinforcement.

LESSON PLAN ON CONDUCT DISORDER OF CHILDREN

LESSON PLAN ON CONDUCT DISORDER

Topic	:	Conduct disorder
Group	:	School teachers
Place	:	Class room
Duration	:	30 minutes
Teaching method	:	Lecture cum discussion
Instructor	:	Investigator
Instructional Aids	:	Power point presentation, video show & pamphlet
Type of teaching	:	Group teaching (10 participants in a group)
Seating arrangement	:	Public horse shoe shape
General objective	:	At the end of the session the teacher trainees will gain adequate knowledge and favourable attitude regarding CONDUCT DISORDER
Specific objectives	:	At the end of the session the trainee teachers will be able to

- state the meaning of conduct disorder
- define conduct disorder
- outline the prevalence of conduct disorder
- mention the causes of conduct disorder
- enlist the types of conduct disorder
- denotes the risk factors for conduct disorder
- list down the co-morbid conditions
- list down the signs and symptoms of conduct disorder
- list down the complications of conduct disorder
- differentiate conduct disorder between boys and girls
- describe the treatment of conduct disorder
- state the preventive aspects of conduct disorder

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
1.	introduces the topic	2mins.	**A. INTRODUCTION**	Teacher introduces the topic with a story	Listening
2.	state the meaning of Conduct disorder	1min	**B. MEANING:** A range of antisocial type of behaviour displayed in childhood or adolescence	Teacher says the meaning	Listening
3.	define conduct disorder	2mins	**C. DEFINITION:** Conduct disorder is characterized by persistent pattern of behavior in which the basic rights of others are violated and age-appropriate societal norms or rules are disregarded -American Psychiatric Association	Teacher defines conduct disorder	Listening
4.	outline the prevalence of conduct disorder	1min	**D. PREVALENCE:** ➢ conduct disorder affects 1 to 4 percent of 9 to 17 years old ➢ The prevalence of the conduct disorder was 4.58% more common in boys, majority had childhood onset and one-third had co-morbid ADHD. ➢ DSM IV reports prevalence in males 6-10% and females 2-9%. The ratio of male to female CD is lower for the adolescent onset type than for the childhood onset type. ➢ CD is more common among boys than girls, the ratio ranges from 4 to 1 as much as 12 to 1	Teacher outlines the prevalence of conduct disorder	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
5.	mention the causes of conduct disorder	4mins	**E. CAUSES:** ➢ Child abuse. ➢ Drug or alcohol abuse in the parents. ➢ Family conflicts. ➢ Genetic defects. ➢ Poverty ➢ Brain damage ➢ School failure ➢ Traumatic life experiences ➢ Parental neglect ➢ Marital discord of parents ➢ Parental illness ➢ Parent with antisocial personality disorder ➢ Parents involvement in antisocial activity ➢ Parents in jail	Teacher asks what may be the causes of conduct disorder	Listens and actively participating in discussion
6.	enlist the types of conduct disorder	3mins	**F. TYPES:** **F.1.**There are three types of conduct disorder. They are labeled according to the age at which the symptoms first occur. The three types of conduct disorder are:	Teacher enlists the types of conduct disorder	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			➢ **Childhood onset** (signs of conduct disorder appear before 10 years old) ➢ **Adolescent onset** (signs of conduct disorder appear during the teenage years) ➢ **Unspecified onset** (the age that conduct disorder first occurs is unknown) **F.2.ICD-10 CLASSIFICATION OF CONDUCT DISORDERS** ➢ F91 Conduct Disorders ➢ F91.0 Conduct Disorder Confined To The Family Context ➢ F91.1 Un-socialized Conduct Disorder ➢ F91.2 Socialized Conduct Disorder **F91 Conduct Disorders** Conduct disorders are characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behavior, when at its most extreme for the individual, should amount to major violations of age-appropriate social expectations, and is therefore more severe than ordinary childish mischief or adolescent rebelliousness. Isolated dissocial		

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			or criminal acts are not in themselves grounds for the diagnosis, which implies an enduring pattern of behavior. **F91.0 Conduct Disorder Confined To The Family Context** This category comprises conduct disorders involving dissocial or aggressive behavior (and not merely oppositional, defiant, disruptive behavior) in which the abnormal behavior is entirely, or almost entirely, confined to the home and/or to interactions with members of the nuclear family or immediate household. The disorder requires that the overall criteria for F91 be met; even severely disturbed parent - child relationships are not of themselves sufficient for diagnosis. There may be stealing from the home, often specifically focused on the money or possessions of one or two particular individuals. This may be accompanied by deliberately destructive behavior, again often focused on specific family members—such as breaking of toys or ornaments, tearing of clothes, carving on furniture, or destruction of prized possessions. Violence against family members (but not others) and deliberate fire-setting confined to the home are also grounds for the diagnosis.		

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			F91.1 Un-socialized Conduct Disorder This type of conduct disorder is characterized by the combination of persistent dissocial or aggressive behavior (meeting the overall criteria for F91 and not merely comprising oppositional, defiant, disruptive behavior), with a significant pervasive abnormality in the individual's relationships with other children. **91.2 Socialized Conduct Disorder** This category applies to conduct disorders involving persistent dissocial or aggressive behavior (meeting the overall criteria for F91 and not merely comprising oppositional, defiant, disruptive behavior) occurring in individuals who are generally well integrated into their peer group.		
7.	denotes the risk factors for conduct disorder	2mins	**G. RISK FACTORS:** The following factors may increase a person's risk of developing conduct disorder: ➢ being male (conduct disorder is more common in males than females) ➢ living in a city (conduct disorder is more prevalent in children who	Teacher denotes the risk factors of conduct disorder	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			live in cities than those who live in rural areas) ➢ having a family history of conduct disorder ➢ having other psychiatric disorders ➢ having parents who have mental illness ➢ having parents who abuse drugs or alcohol ➢ being abused or neglected ➢ having a dysfunctional home environment ➢ having a history of traumatic events ➢ living in poverty ➢ internalized symptoms (e.g., anxiety, depression, and withdrawal)		
8.	list down the co-morbid conditions	1mins	**H. CO-MORBID MENTAL ILLNESS:** Co-morbidity refers to the tendency for disorders to occur together. Disorders include ➢ Attention deficit/hyperactivity disorder ➢ Mood disorder ➢ Learning disorder ➢ Anxiety disorder ➢ Substance related disorders	Teacher list outs the co-morbid condition	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
9.	list down the signs and symptoms of conduct disorder	5mins	**I. SIGNS AND SYMPTOMS:** Children who have conduct disorder are often hard to control and unwilling to follow rules. They act impulsively without considering the consequences of their actions. They also do not take other people's feelings into consideration. He or she may persistently display one or more of the following behaviors: **I.1.Aggressive Conduct:** ➢ intimidating or bullying others ➢ purposely physically harming people or animals ➢ committing rape ➢ using a weapon **I.2.Deceitful Behavior:** ➢ lying ➢ breaking and entering ➢ stealing ➢ forgery	Teacher lists down the signs and symptoms of conduct disorder	Listens and contributes the ideas

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			I.3.Destructive Conduct: ➢ Aggression ➢ Intentional destruction of property **I.4.Violation of Rules:** ➢ skipping school ➢ running away from home ➢ drug and alcohol use ➢ sexual behavior at a very young age		
10.	list down the complications of conduct disorder	1mins	**J. COMPLICATIONS:** ➢ School suspension ➢ Problems in work adjustment ➢ Legal difficulties ➢ Sexually transmitted diseases ➢ Unplanned pregnancy ➢ Physical injury	Teacher list downs the complications	Listening
11.	differentiate conduct disorder between boys and	1mins	**K. DIFFERENCE BETWEEN BOYS AND GIRLS:** Boys who have conduct disorder are more likely to display aggressive and destructive behavior than girls are. Girls are more prone to	Teacher differentiates conduct disorder	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
	girls		deceitful and rule-violating behaviour.	between boys and girls	
12.	describe the treatment of conduct disorder	5mins	**L. TREATMENT:** The most effective treatment for an individual with conduct disorder is one that seeks to integrate individual, school, and family settings. Additionally, treatment should also seek to address familial conflict such as marital discord or maternal depression. In this manner, a treatment would serve to address many of the possible triggers of conduct problems. **In family setting:** Parents need to monitor their child's activities on a daily basis. Compliance with (1) curfew; (2) being a responsible parent; (3) monitoring child's activities; and (4) quality time with child are important aspects of parenting. A productive intervention for parents is learning good communication skills. Parents should be able to communicate clear, direct and specific rules, request or expectations. Parents should expect the child to react in a concise manner. There should be respect from each party and	Teacher describes about the treatment of conduct disorder	Listening

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			rules need to be enforceable. Parents of children with conduct disorder rely on inconsistent coercion which increases the negative climate of the home **In school setting:** School based intervention has begun to be implement because of the increase in children who are diagnosed with conduct disorder. The impact of child-centered play therapy, teacher interaction only and a combination of teacher-child relationship. The results were statistically significant for each treatment group, the indication was school based play therapy intervention was more effective in facilitating a positive rapport between the teacher and child. School-based mental health interventions have a positive effect on academic and mental health progress for children.		
13.	state the prevention aspects of conduct disorder	1mins	**M. PREVENTION** Early detection and treatment for childhood risk factors and behaviors may prevent conduct disorder from developing or reduce the severity of its symptoms	Teacher states the prevention aspects of conduct disorder	Listening and thinks about it

S.NO.	SPECIFIC OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY
			Prognosis may best be improved by prevention of conduct disorder before it becomes so resistant to treatment. Research is being conducted on what early interventions hold the greatest promise. The research incorporates several components such as child tutoring, classroom intervention, peer training, social-cognitive skills training, parent training, and family problem-solving. Other studies have included early parent or family interventions, school-based interventions and community interventions. Again, these include a variety of elements as suggested before, including parent training that includes education about normal child development, child problem-solving, and family communication skills training.		
14.		2mins	**N. CONCLUSION:** Conduct disorder is not rare in our environment. Prognosis may best be improved by the prevention of conduct disorder before it becomes so resistant to treatment. Early identifications and appropriate and innovative treatment will improve the course of conduct disorder and possibly prevent a host of negative outcomes that are often a consequence of the behavior associated with it.		

MODIFIED SCREENING TOOL FOR CONDUCT DISORDER

CHILD NAME: **AGE:** **GENDER:**

DATE: **TEACHER NAME:**

INSTRUCTIONS: Listed below are items that describe children's behavior. Read each item carefully and check the box that best describes this child's behavior for the past 12 months.

S.NO	IN PAST 12 MONTHS THIS CHILD	0	1
1.	Lies to obtain goods or favors or to avoid obligations		
2.	Initiates physical fights		
3.	Has been physically cruel to animals		
4.	Has stolen items of value without confronting a victim		
5.	Skips school		
6.	Has broken someone else property		
7.	Has engaged in fire setting with the intention of causing serious damage		
8.	Has stolen while confronting a victim		
9.	Bullies, threatens or intimidates others		
10.	Has deliberately destroyed other's property		
11.	Has been physically cruel to people		
12.	Has used a weapon that cause serious physical harm to others		
13.	Has run away from home overnight atleast twice while living in parental or guardian home		
14.	Has forced someone into sexual activity		
15.	Often stays out at night despite parental restriction beginning before age13 years		

NOTE:
Items – 3,2,14,9,11,8,12 denotes aggression to people and anxiety
Items – 10, 7 denotes destruction of property
Items – 1, 5, 6 denotes deceitfulness or theft
Items – 13, 4, 15 denotes violation of rules

SCORING:
A total of 3 or more items in any category or any combination of categories meets the criteria for conduct disorder

SOURCES:
1. Conduct Disorder Rating Scale- Teacher Version
2. Parent / Teacher DBD Rating Scale

DESCRIPTION OF MODIFIED SCREENING TOOL FOR CONDUCT DISORDER

S.No.	Items	Description
1.	Lies to obtain goods or favors or to avoid obligations	Child often lies to parents, teachers and peer groups to acquire something and to avoid duties charged on them Ex- lies to escape from the punishment/exams
2.	Initiates physical fights	Child often begins fights with others who do not live in his or her house Ex- fights with peers in the school or in the neighborhood
3.	Has been physically cruel to animals	Child will be physically harsh to animals Ex- beating/hitting animals
4.	Has stolen items of value without confronting a victim	Child steals valuable items without directly facing the victims Ex- shop lifting, forgery
5.	Skips school	Child stays away from school without informing the leave or explanation starting before age 13 years Ex- repeated absenteeism
6.	Has broken someone else property	Child involves in activities like breaking others belongings Ex- breaking car, others house etc
7.	Has engaged in fire setting with the intention of causing serious damage	Child consciously involve in setting fires with a purpose to cause serious damage Ex- pocketing matches/hiding fire starting materials
8.	Has stolen while confronting a victim	Child steals items facing the victim directly and by threatening them Ex- purse snatching, robbery
9.	Bullies, threatens or intimidates others	Child attacks, blackmails, frightens other individuals

S.No.	Items	Description
10.	Has deliberately destroyed other's property	Child consciously or wantedly destroys others property by means of other different way and not by means of setting fire
11.	Has been physically cruel to people	Child will be physically harsh towards other people Ex- hitting the peers
12.	Has used a weapon that cause serious physical harm to others	Child harms others by using weapons to make a serious physical injury Ex- harming others using bat, brick, knife, broken bottle
13.	Has run away from home overnight atleast twice while living in parental or guardian home	Child may run away from parent or guardian home overnight without returning to home for a lengthy period, atleast for two times
14.	Has forced someone into sexual activity	Child indulge in unwanted sexual activity by forcing someone
15.	Often stays out at night despite parental restriction beginning before age13 years	Inspite of parental objection the child stays out during night time before the 13 years of age

APPENDIX – K

Plagiarism Detector - Originality Report

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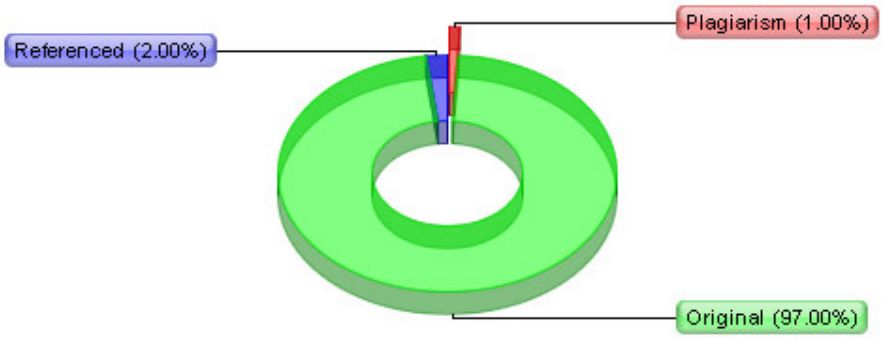

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Distribution graph:

Signature of the Candidate **Signature of the Principal**

APPENDIX – L

DISSERTATION EXECUTION PLAN - GANNT CHART																			
S.NO	**CALANDER MONTHS**	**Nov '14**	**Dec '14**	**Jan '15**	**Feb '15**	**Mar '15**	**Apr '15**	**May '15**	**June '15**	**July '15**	**Aug '15**	**Sep '15**	**Oct '15**	**Nov '15**	**Dec '15**	**Jan '16**	**Feb '16**	**Mar '16**	**Apr '16**
A	**Conceptual phase**																		
1	Problem identification																		
2	Literature review																		
3	Clinical fieldwork																		
4	Theoretical framework																		
5	Hypothesis formulation																		
B	**Design & planning phase**																		
6	Research design																		
7	Intervention protocol																		
8	Population specification																		
9	Sampling plan																		
10	Data collection plan																		
11	Ethics procedure																		
12	Finalization of plans																		
C	**Empirical phase**																		
13	Data collection																		
14	Data preparation																		
D	**Analytical phase**																		
15	Data analysis																		
16	Interpretation of results																		
E	**Dissemination phase**																		
17	Presentation or report																		
18	Utilization of findings																		
	Calendar months	**11**	**12**	**01**	**02**	**03**	**04**	**05**	**06**	**07**	**08**	**09**	**10**	**11**	**12**	**01**	**02**	**03**	**04**